

# THE AMERICAN JOURNAL OF NURSING

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## EDITORIAL COMMENT



### THE GROWING IMPORTANCE OF ORGANIZATION MEMBERSHIP

THE story has lately come to us of an experience of two exceedingly well-trained, successful nurses who, after doing private nursing in the city where they were trained and tiring of it, decided to strike out for themselves in another section of the country and in another line of work. Their savings of many years were put into this venture, but proved to be inadequate for its constructive period, and eventually they were obliged to give it up and to turn again to nursing as a means of obtaining the necessities of life, starting out with the assurance that, because of their earlier success, they would have no difficulty in obtaining recognition at once in their new surroundings.

In the meantime, they had allowed their membership in their alumnae association to lapse. They had not identified themselves with any nursing organization in changing their location, and they were without personal introductions to the central registry or to the women at the head of any of the different lines of work in which they were competent to engage, and found themselves looked upon with distrust and with no way of securing an opening for the work in which they had been so successful for years at home. The school from which they were graduates had changed hands, they were unknown to its present superintendent, and in desperation they appealed to the superintendent under whom they were trained for assistance in their dilemma, making bitter complaints of the lack of assistance from the women in places of authority to whom they had applied for positions. Their superintendent happened to be a woman well known in nursing circles over the country because of

her place in organization life, and she was able with a few cards of introduction to break down the barriers which were keeping them from proper recognition among the nurses of the community.

This experience, we know, is not unusual, for good women not realizing the need of proper credentials are drifting about the country, especially through the West, and are surprised to find that they are not cordially received, but are looked upon oftentimes with suspicion by members of their own profession. There are so many women calling themselves nurses—graduates of correspondence schools, discharged probationers, etc.—floating about everywhere, attempting to impose upon registries, upon the medical profession, and upon the public, that the time has passed when even reputable nurses can go into a new country, however great the need for their services, and be received on their word alone.

If, in the case we have referred to, the superintendent under whom these women were trained had happened to have died, or had been unwilling after long years to assume the responsibility of recommending them, they might have been reduced to serious straits before they could have extricated themselves from their unpleasant position. If they had continued their membership in their own *alumnæ* or county association, or had kept their names on the directory maintained where they were known, they could easily have returned to their home city. They would only have needed to have given the names of the president and secretary of that association to have obtained all the endorsement necessary for recognition, but they had burned their bridges behind them.

With the whole group of affiliated nursing organizations engaged in sifting out the undesirable members, proof of membership and state registration, where such has been obtained, are a guarantee of professional equipment and moral status.

Whether these nurses were registered in their state or not we are unable to say, but this happened in a state where registration had not been secured, so that was not made the test of their fitness.

#### EDUCATION OF BOARDS OF MANAGERS

THAT earnest, conscientious, painstaking men and women who make up the personnel of boards of managers of hospitals and the training schools attached to them often need enlightenment and education as to the higher ideals of hospitals and nursing service goes without saying. Such appointments are usually made from people without experience, and decisions vital to the welfare of the institutions under their direction are made along technical lines but without technical knowledge.

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Hospitals and training schools with other groups of charitable institutions differ from those strictly educational in character, in that their trustees are not expected or required to be specially familiar with the affairs of their boards before appointment, and are too frequently selected through political, financial, or social influence. On general principles, we would say that after appointment they become exceedingly interested, and after years of experience render valuable service, and it is the exception when a man or woman is so set in their own esteem that they are not willing to learn from those who, although occupying subordinate positions, do possess that special knowledge which is necessary for the welfare of the institution.

At this time when the underlying principles of nursing education are being attacked from commercial motives or through misunderstanding, nurses occupying a hospital position, whether superintendent of the institution or of the nursing department, should lose no opportunity that offers to courageously and tactfully present to their boards, either individually or as a whole, the higher ideals of nursing education. No better opportunity offers for presenting such ideals than when they are called upon to present the annual report of their department before their boards or at the time of graduating exercises, especially the latter, when the nurses are the centre of interest, and the minds not only of members of the board but of friends of the institution and of the nurses are concentrated upon the welfare of those about to complete their services in the hospital.

As an illustration of what we mean, we quote from the nineteenth annual report of the Metropolitan Training School for Nurses, New York City, given by the superintendent of the training school, Miss Ward, on May 25, 1911, in which she says, in part:

"Since the school was registered under the state law in 1904, a definite educational standard for admission has been required. Throughout the period since registration the Regents have been most lenient in the matter of entrance requirements, but the lines are being drawn a little more closely and we are now required to forward to Albany a report of preliminary work done by each probationer before she may be accepted as a pupil. This strict adherence to entrance requirements means a great advance in the professional training of the nurse; it means more efficient and more intelligent work done by her, and better results for the instructors. Her mind is already somewhat disciplined, so that it is easier to meet what is required of her: that she must know not only what to do but why she does it. Such knowledge comes only with hard study and much and constant attention to routine work, and

the ability to hold to this is gained to a considerable extent through preliminary training.

"Yet, in the face of these stricter requirements, we graduate to-day the largest class in the history of the school—thirty in number. We trust, that not only have they been trained in the technic of their profession, but that they also possess the equally necessary requirements of sympathy, tact, and understanding. One of the members closes her three years with an average of  $96\frac{3}{4}$  in practical and theoretical work; a close second has  $96\frac{1}{4}$ . The emergency station which has just been opened will meet a long felt need for rounding out the training of the nurses.

"During the year there were 202 applications for admission to the school. A large number of applicants is most important, as it enables us to select only the desirable material."

Miss Ward, in these few words, has shown the advantages to her school of the educational side of state registration in New York. The most unenlightened person who listened to her cannot have failed to grasp her meaning. One never knows how far-reaching may be the effect of such knowledge when presented to a mixed audience.

Equally important, but not so definite as to time, is the influence of the private duty nurses who spend weeks at a time in the homes of just this class of people from whom the members of boards are appointed. To be intelligently informed of the nursing side of all our great problems is a necessary part of every private duty nurse's equipment, if she is to be a helpful factor in nursing progress.

#### THE POWER OF PROTEST

WE are publishing in the letter department this month a letter from Dr. William S. Higbee, president of the Board of Examiners of Nurses of the State of Pennsylvania, which we understand he is circulating broadly, and in which he protests against the misrepresentations contained in the circulars sent out by the "Philadelphia School for Nurses," in which the impression is given to the public that this institution is a benevolent enterprise.

What Dr. Higbee says of this school applies to many of the short course schools. Up to the present time there has been no point of law which can touch these people, but with the power of the state association back of him we believe Dr. Higbee's letter will carry weight with many people.

The Registered Nurses' Association of Monroe County and vicinity of Rochester, N. Y., has, during the past year or two, had its attention

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called to the fact that a correspondence school was existing in its city, clippings from newspapers published in far-distant sections of the country having been sent to the members. For a long time it was impossible to ascertain where the school was located, as only a post-office box number was given as its address. The detail of the story is too long to recount, but finally, through the Chamber of Commerce, the needed information was obtained, and it was found that a physician in good standing and a member of the county medical society was preparing the literature of the school, its proprietor being a layman. The physician was a young man and a graduate of a Canadian university.

The nurses' association sent a letter to the medical society, calling its attention to the fact that one of its members was engaged in this unethical business, at the same time asking all other medical societies of the city to join in the protest.

The result is that, upon the request of the medical society, the physician has severed his connection with the correspondence school for nurses, and we believe much could be done to discountenance such schools, which exist through the ignorance of the public, if reputable physicians and nurses would take the trouble to protest against them.

#### THE RED CROSS

THE Ninth International Red Cross Conference being in session in Washington at the time of the closing of these pages, Miss Delano, the editor of the Red Cross Department, has been unable to send a report of that conference or the departmental material for this number of the JOURNAL. At this conference there is an excellent representation of Red Cross nurses, and a full report of that part of the proceedings of special interest to our readers will be given in the next issue. Those who are following the newspaper reports must realize that they are missing a wonderfully interesting occasion in not being present. Already the convention is pronounced a great success.

Word from headquarters is to the effect that thousands of refugees from the flooded districts of the Mississippi are being cared for by the Red Cross, and that ten nurses are on duty, sent through the nursing service committees of the Red Cross in New Orleans and Kansas City.

#### AN APPEAL TO THE HOSPITAL WORKERS

SOME months ago we made an appeal to the private nurses of the country to send us little sketches of their work, etc., and we have been so pleased and gratified by the response, in the shape of helpful and interesting papers, that we want to make the same request of surgical,

operating-room, and head nurses to send us short papers on modern hospital methods and improvements, to be paid for at our regular rate. Such papers will be of special value to nurses in other hospitals or to those in private nursing who wish to keep in touch with the newer methods of institutions.

#### VOCATIONAL GUIDANCE APPLIED TO NURSING EDUCATION

CHAPTER 15 of the twenty-fifth annual report of the Department of Commerce and Labor is devoted to the subject of vocational guidance, a branch of education of very recent development but of growing importance in many sections of the country. This new field of education has within a few years taken definite form as the result of the voluntary service along the same lines given by teachers in public schools and other workers. The idea is to encourage the boy or girl who must leave school early to think seriously of the work he will engage in, that selection may be made along lines for which he has taste and inclination, that the means by which he supports himself may be pleasure and not drudgery, and to show him what educational advantages are available to bring him to a position of highest efficiency in the work he has chosen. Various trades or occupations open to young boys and girls are investigated, and detailed information regarding them is given for those who want it, thereby avoiding so far as possible the thrusting of a square peg into a round hole. This work is being carried on either by specially organized voluntary societies or by special committees of educational and philanthropic organizations as one of their activities.

The Woman's Municipal League of Boston is an old organization that has of recent years taken up this work, and one form of its public endeavor is the placing of charts in grammar and high schools giving such information as we have outlined above. The last chart published, No. 6, is a study of nurse training schools, and in preparing it the committee followed its usual method of calling upon individuals possessing special knowledge to co-operate with it.

In this instance, Miss M. E. P. Davis, president of the Massachusetts State Nurses' Association, with other leading nurses of Boston has given valuable assistance in outlining the work to be done. The chart really stands for a classification of training schools in the city of Boston. It is to be placed in the girls' high schools, and to the standards advocated by the State Nurses' Association is added the endorsement of an established and influential woman's educational organization.

We shall have more to say about this later, but the subject is full of interest to state associations and boards of examiners. Such charts

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could be arranged for various localities by state and county association and posted in every high school in every state. They would certainly help to draw the attention of high school girls to the advantages offered them in selecting nursing as an occupation.

#### A CORRECTION

IN our May issue, we referred to the Bulletin published by the National Educational Department at Washington, in which is embodied an outline of the present status of nursing education by Miss Adelaide Nutting. We are asked to correct an error which appears in this Bulletin, which gives the adoption of the three years' course by the training school connected with the University of Pennsylvania Hospital in Philadelphia to have been in 1904, which should have read 1895, nine years earlier than the date recorded.

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### THE HABIT POISONS

By C. E. S. WEBSTER, M.D.

Assistant Attending Physician to Lincoln Hospital; Physician to Bellevue Out-Patient Department; Lecturer to the School of Nursing, The Presbyterian Hospital in the City of New York.

#### SECOND PAPER—TREATMENT

THE treatment of the habit poisonings may be divided into the following stages: (1) withdrawal of the poison; (2) treatment of the physical condition consequent on withdrawal of the drug; (3) treatment of the physical condition resulting from the use of the drug; (4) treatment of the causative physical condition, if present; (5) mental readjustment.

The prophylaxis of drug poisoning was spoken of in the former (May) issue. The greatest difficulties in carrying to a successful outcome the treatment of any morphine habitué lies in the first and last phases of the above plan. The withdrawal of the drug calls for the utmost care and vigilance on the part of the attendants. The patient cannot and will not co-operate; all his efforts being directed to obtaining a supply of the drug. If he knows he is to undergo an attempt at cure, he will secrete about his person a supply of the poison which may be sufficient for the time he expects to be confined; when inquiry is made as to the amount he usually takes he will greatly overstate it in order that he may be as little inconvenienced as possible when the "cutting down" process is undertaken. He will attempt to secure a supply from any one with

whom he may come in contact, and it is a robust mentality which can withstand the pleading of the victim, whose wretched condition is evident. To appeal to the physician or nurse he knows to be futile, but any person not intimately connected with the case, as servants or employees of the institution, may be corrupted sympathetically or peculiarly. In one well-known case the patient obtained her supply by lowering a string from her window, the gardener attached the desired drug in a small package, and the efforts of treatment were unavailing. The patient must be completely isolated, seen only by physician and nurses, under a constant watch, not to be intermitted for any reason, and kept in bed for the first days of treatment.

The dose which was formerly taken is approximated, and one-half that amount given the first day, one-half that the next, and so proceeding until the smallest doses are taken, these being finally suppressed. The abrupt method is not to be advised, as collapse is frequent and death not unusual. Any slower method than the one-half daily reduction is likely to be too long drawn out, and even that method is often prolonged beyond expectation owing to delays which may be necessary.

Having reduced the daily amount to which the patient is accustomed, symptoms consequent upon such withdrawal immediately present themselves. The physical depression becomes greater, there is a gastro-intestinal disturbance resulting in nausea and vomiting, great difficulty in assimilating what food is taken, though this is but fluid, and a troublesome diarrhoea. With this is associated a relative cardio-vascular failure, palpitation, precordial distress, a rapid, weak, low-tension pulse, and coldness and cyanosis of the extremities. The patient is peculiarly liable at this time to any intercurrent infection. These conditions must be met with the usual therapeutic measures,—careful feeding, gastric and cardiac stimulants, elimination by cathartics of the gastro-intestinal irritant, and the promotion of excretion by the skin by means of warm baths. While these conditions are distressing and important, they are vastly overshadowed by the mental and nervous condition produced by the withdrawal of the drug. The patient, at first nervous and restless, soon becomes profoundly shaken, and his nervous and mental state borders on insanity. Insomnia is extreme, the nervous irritability such that the most trivial stimulus may provoke the most severe disturbances, his pleas for rest and quiet, easily obtainable from morphine, and he knows it, are heart rending, and while the morphine habitué seldom commits acts of violence, he may at this one stage attempt self destruction or attack his attendants. The drug treatment of this condition is unsatisfactory, the usual hypnotics have little effect, the chloral group

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is dangerous, and the best results come from the use of some members of the belladonna family, especially hyoscine in small doses.

Hydrotherapy, in the form of warm baths, cold packs, salt rubs or sponge baths, does more toward promoting calm than any other measures, and it will readily be seen that absolute quiet and complete isolation are essential. The use of small amounts of morphine at this stage is to be deprecated, but it may be absolutely necessary, and if used should be regarded and employed as a *dernier ressort*, and the knowledge of its employment carefully concealed from the patient.

It must be remembered that this patient is not a healthy person, but one whose resistance has been lowered, whose body functions have been perverted, whose blood stream is depleted, and who has in his economy an antibody which has been produced as an antagonist to the morphine, the production of which has not ceased abruptly on the withdrawal of the causative drug. The treatment directs itself therefore to the maintenance of body strength, to the lessening of energy output, to the building up of the blood stream and nutrition, and to encouraging the elimination of the products of the altered metabolism. There are no special or specific drugs to meet this condition, and the therapeutic skill of the attendant must be exerted to the utmost in an endeavor to promote a return to the physical normal.

The treatment of the causative physical condition calls for a careful investigation into any underlying or previous illness which may have been the starting point of the original morphine poisoning. It means also the painstaking care of any chronic disorder and an attempt to alleviate it, so that when the physical effects of the morphine have been removed, the patient will not have a constant stimulus to renew his morphine. This phase of the treatment is of vast importance, and it is of scant advantage to a patient to be cured of morphine poisoning from the physical standpoint and be left with an unceasing demand for the quieting effects engendered by a physical complaint whose intensity has certainly not been diminished by the course in morphine.

Most important of all is the phase of the treatment which may be called mental readjustment. By this is meant an entire change in the patient's mental outlook, a new fashion of envisaging life, and alteration of his attitude of his environment. In the first paper on this subject it was noted that the victim of the habit poisons was one on whom the stress of life came more heavily, who had a hypersensitive nervous organization, whose powers of resistance were somewhat attenuated, and whose will power was not so vigorous as in the normal individual. To change this type into some one more nearly approaching normal is a task of



almost insurmountable magnitude and of long-enduring patience, and is accomplished through education or rather re-education. Some men of unusual mental vigor have, after their physical condition has been restored, taken upon themselves this problem and have succeeded in completing a mental readjustment; but the usual type is not only unwilling to do this but incapable of such effort, and in the words of a modern writer, they have "to hire a back bone." It may be said in general that good back bones are not for hire, and it means that unless this patient can be placed under the care of a person of a remarkable degree of mental force and kept under the influence of that force for a long time, months certainly, years probably, that relapse is certain and the drug habit will be resumed. It is not by any means sufficient merely to separate the patient from his drug and keep him from it for a longer or a shorter period, the real necessity is to make him self-reliant, to restore his mentality, to give him an object which shall compel him to refrain from what was and very probably still is his strongest impulse. To do this several means have been tried. It has been suggested, and in many cases found successful, to remove the patient from his former environment and put him at some work quite different to what he had been following. Many professional men from city environments have found, their former life left behind, a salvation in market gardening, and a passionate devotion to cabbages has engrossed the energy formerly expended on the administration of vast financial enterprise. The "suggestion treatment" is found of value in some cases, especially when it can be combined with a religious idea, as in the Emmanuel Movement, but the mere idea is not sufficient, the patient must have something to do, something which has an end and an object, and as far as possible removed from those conditions under which the former life activities have been employed. Such fields as charitable and settlement work may be advantageous, but some form of occupation that brings with it more immediate rewards and less discouragement is preferred. In all cases an active out-door existence is better than the most engrossing type of sedentary work. The upbuilding of the patient's moral self may be represented thus; if will power is greater than desire, or can be made so, a cure will be accomplished; if not, relapse is certain. The whole end of treatment is, then, to build up the will power and renew the patient's strength to resist the craving when it returns, which is inevitable though it may be long delayed.

The chronic poisoner by cocaine presents a therapeutic problem which differs somewhat from the foregoing, which applies to morphine and its allies. The physical condition of the cocaine user is more readily restored than that of the chronic morphine poisoner, and it is frequently

stated that the use of opium is a physical habit. The withdrawal symptoms are rapid and severe, and the deterioration of the body is rapid. The removal of the habit is a long process, and the patient must be kept under the influence of a strong dose of a sedative to ameliorate the symptoms. The necessary resort to a sedative is rather a disadvantage, but the early removal of the memory of the habit is a poisoner.

Lately the user of morphine has been by the use of the realization of the drug. The facility of the efforts is painful, but the patient is under the influence of the habit, and the patient is placed in a position when the power of the habit is not only not only but also the patient is under the influence of the habit, and the patient is under the influence of the habit.



stated that the victims of cocaine are more readily cured than those who use opium. In so far as the treatment of the immediate and remote physical condition induced by the drug is concerned, this is quite true. The withdrawal of the drug is not accompanied by so many or so severe symptoms, and the restoration to health under good condition is more rapid and complete. If the poisoner has arrived at that stage of mental deterioration represented by an insanity of the paranoid type, the removal of the drug may cause, after an exacerbation, often maniacal in form, a gradual return to normal, and the course of these mental symptoms presents this marked difference to morphine poisoning, that a small dose of cocaine at this stage aggravates the mental condition rather than ameliorating it as in the case of the morphine poisoning. It is also necessary to emphasize the fact that while rarely will a morphine poisoner resort to violence, even in the worst stages of his intoxication, but rather to stealth and trickery, the cocaine user may make assaults upon his attendants at any stage of his treatment, but particularly during the early phases when the desire for the drug is still acute and the memory of its effects still fresh. The cocaine habitué is the only drug poisoner who places himself under treatment armed.

Later on the problem is more grave and perplexing: the morphine user may have been aware of his degeneration and of the havoc caused by the drug; the cocaine user looks back, however, on an area of self-realization never again to be secured but by the use of the forbidden drug. He knows, too, that that vast and spacious mental felicity and facility which were his can never be his again, and that such mental efforts as he may be called upon to make must proceed by the usual painstaking method, and not be accomplished at a bound as they could be under cocaine. It is this that gives the drug its truly awful fascination; being a true cerebral stimulant, the condition produced by it may by no other means be duplicated, and though the victim may hate his habit, he recognizes in it that means of uplift which may not be replaced. Even a long abstinence is by no means a sign of a cure, and when the strain or necessity comes, the recourse to the former saving power is almost inevitable. This being the condition, it will be seen that the only chance of saving the cocaine user from a relapse means not only a complete change of life, activity, environment, employment, but also a change in his attitude to all these things. It means years of patient care and supervision, the avoidance of any kind of shock or strain, and the attenuation of care and disappointment, in fact the cushioning of the individual against the angular roughness of life. To undertake such a task calls for a devotion which must be almost superhuman and which will inevitably be tried to the uttermost.

## LATERAL CURVATURE OF THE SPINE AND ITS TREATMENT

By MIRIAM TOWNSEND SWEENEY

Director of the Lateral Curvature Clinic of the Children's Hospital, Boston, Mass.; Instructor of Gymnastics, Industrial School for Crippled and Deformed Children, Boston, Mass.

THE treatment of lateral curvature is not a muscular problem to be relieved by muscular therapeutics, but a bone problem, and although treatment by gymnastics may be successfully carried out in functional and milder types, it has been distinctly unsuccessful as a curative treatment in the marked and severe types of scoliosis.

The treatment that is advocated in this paper is based on the above facts, and the results of the treatment are shown as carried out in the Lateral Curvature Clinic of the Children's Hospital, Boston, Mass., through the untiring efforts of Dr. James Warren Sever, who is in close supervision of the work.

There are two types of lateral curvature or scoliosis: (1) the postural or functional; (2) the organic or structural.

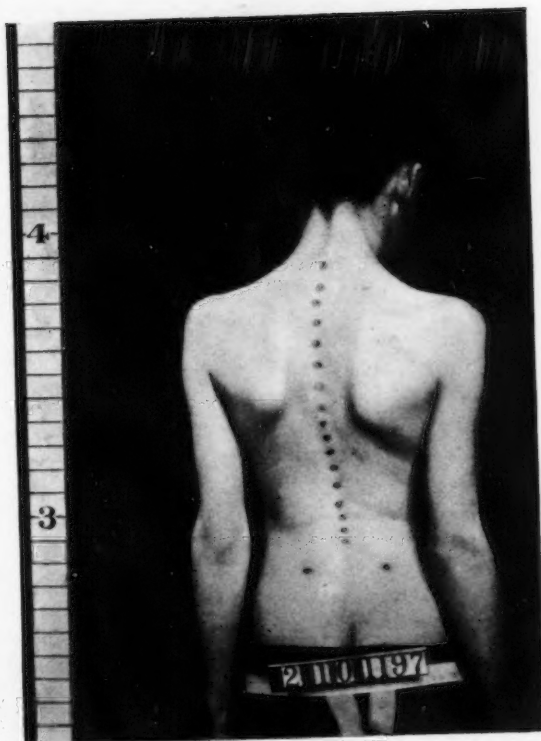
Functional scoliosis is the term applied to the condition in which the spine forms a gradual curve to one side, and in which there is found no bony change in the vertebrae (Fig. 1). The condition is usually associated with round shoulders and a poor anteroposterior position, the term faulty attitude describing the combination of the two conditions.

The characteristics of this type are: the moderate lateral curve of the whole spine, in most instances to the left; the left shoulder being higher than the right, the trunk displaced to the left, uncovering the right iliac crest or hip, thus making it more prominent than the left. As has been said, there is no marked rotation or twisting of the curved region, but when the patient bends forward from the hips, the right side of the back of the thorax will be found slightly higher than the left. This curve disappears when the patient hangs by the hands, and also when in the position of recumbency.

Although this condition is slight, it is not to be disregarded nor the parent put at ease by being told that the child will "outgrow it." Statistics show that there is no tendency to outgrow the condition, and that development during growth is entirely along the lines which increase the deformity. The cases may change to structural types, double curves resulting from single ones.

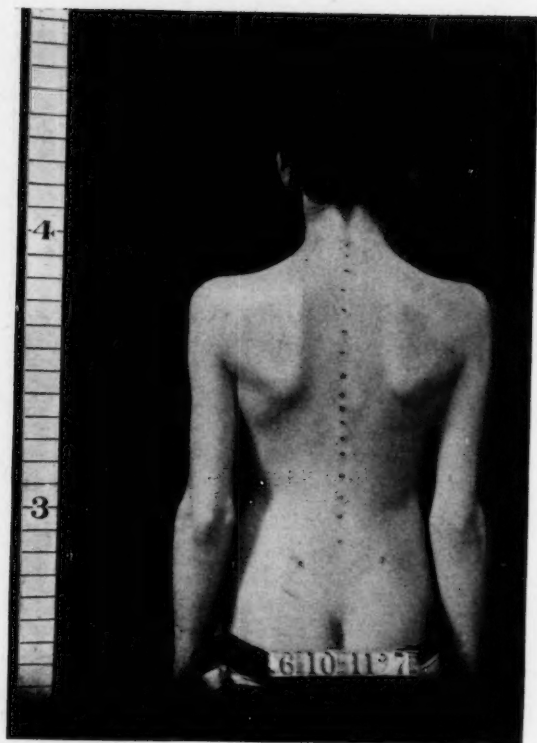
The treatment is simple at this period if the child is brought to a lively realization of the importance of "getting well" (Fig. 2). General

FIG. 1.



FUNCTIONAL SCOLIOSIS, BEFORE TREATMENT BY  
EXERCISE.

FIG. 2.



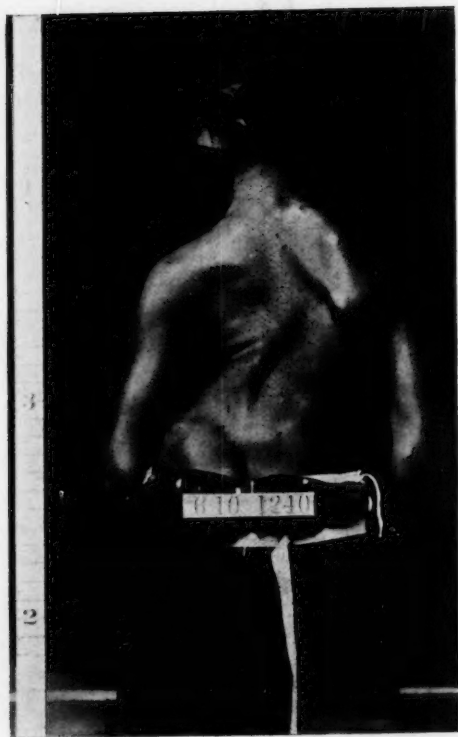
SAME AS FIG. 1, AFTER TREATMENT.

FIG. 3.



SIDE VIEW OF SAME CASE.

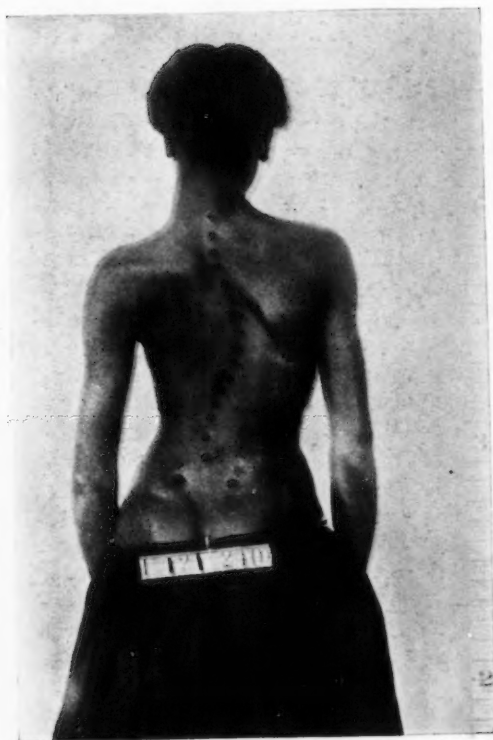
FIG. 4.



STRUCTURAL SCOLIOSIS, BEFORE TREATMENT BY  
JACKETS.



FIG. 5.



AFTER YEAR AND A HALF OF TREATMENT BY  
JACKET ALONE.

FIG. 6.



SAME CASE AS SHOWN IN PREVIOUS PICTURES.  
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hygiene should be looked into. The question of clothes is important. The waists (Fig. 3) worn by children from five to twelve years of age are very often the cause of trouble. Most children between these ages have much of their clothing and side garters pulling on the waist, which is suspended by straps from the shoulder tips. This continual weight pulls the shoulders forward and downward, causing the child to sag into a bad position. Instead, garters should be attached to a belt fastened round the hips; the shoulder straps of the waist should be adjusted so that the pull comes at the base of the neck, where there are no movable parts, rather than from the shoulder tips, the leverage being greater at this point. There are very often other causes, such as eye-strain or a short leg, which induce habitual faulty sitting and standing postures.

After the routine of daily life has been adjusted, the child should be given a set of specially-devised gymnastic exercises to be taken daily under trained supervision. Under favorable conditions, such as have been described, the prognosis for a complete cure is excellent.

Structural scoliosis, or the second type of lateral curvature, presents an entirely different problem. This is a definite bone deformity, involving many bones, and for purposes of treatment must be met as such. Severe cases in childhood are due to one of four causes: (1) congenital deficiencies of the spine or ribs; (2) infantile paralysis; (3) empyema; (4) rickets.

The characteristics of a structural scoliosis are: (1) Definite curves, either single, double, or triple, the double curves predominating. (2) Rotation of the vertebræ, or a horizontal twist, on the convex side of the curve, which is most prominent in the forward-horizontal position. For example, if there is a double curvature, there will be two rotations corresponding to the convexity of the two curves. In a functional curve the rotation is always on the concave side. This is the characteristic difference between functional and structural scoliosis; a left structural curve has always a left prominence, and *vice versa*. The curve does not disappear upon recumbency, and the distortion of the figure is marked. One shoulder is higher than the other, one ilium or hip is prominent, and there is a general displacement of the body to one side or the other. It can be plainly seen that the bony change which takes place in the structure of the individual vertebra presents a problem for treatment entirely different from that presented by the functional type. Here the structural change, which is doubtless of long standing, makes it imperative to deal with the condition as with any other bone problem needing correction, such as bow-legs, club-feet or knock-knees.

There are three methods of treatment in structural scoliosis: (1) In slight cases, exercises alone are often sufficient to establish a good holding position and power to maintain symmetry; (2) in the moderate types, where the deformity is not very marked, exercises together with the wearing of a removable plaster jacket are efficient; (3) in the severe types, exercises are of no value except to induce flexibility, the method of treatment being the application of a series of permanent plaster jackets.

The permanent jackets, which are worn night and day, are applied by Dr. Sever with the patient in the erect position using head traction, so that the patient barely touches the toes to the floor. The pelvis is held by an assistant for the double purpose of steadying the patient and exerting some counter-pull. Hyperextension is prevented by putting the patient in the proper relation to the line of head pull. It has been stated that side pressure on a slack spine is the most economical way to exert a corrective force. This is true in a normal spine, which is the type used for the experimental observation, but does not hold true in a scoliotic spine. Head traction in the erect position affects the entire spine, tending to untwist it. In diminishing the rotation, it naturally corrects the lateral deviation. If in connection with the head traction a side push is added, there are two forces acting to straighten the curve, resulting in a straightening and lengthening of the spine.

The jacket is accurately and snugly applied. After hardening, the windows are cut out on the concave side, front, and back, to allow the patient to expand against the pressure exerted by pads over the crest of the rotation and by breathing. The patient reports once a week to the clinic and is padded over the rotation in the back. When the padding is increased to such a thickness that no more efficiency is to be expected, the jacket is removed and a new one applied in the same manner.

Fig. 4 shows a triple structural scoliosis to which Dr. Sever applied a jacket in June, 1910. A series of jackets have been applied to this girl. The jackets have been padded regularly, with results shown in Fig. 5. The last jacket, applied in February, 1912, by the method described and shown in Fig. 6, holds the patient in a position somewhere between that shown in Figs. 5 and 6.

Following permanent jackets, exercises are given to overcome muscle atrophy, which in all cases comes as a result of the constant wearing of the jacket. Exercises which will restore flexibility to the spine and develop the holding power of the muscles should also be given. Together with these exercises, a light brace should be worn as a reminder, and through such time as will insure the patient's maintaining the correct position without fatigue. Results of several years' experience show

that the only satisfactory way to treat structural lateral curvature is by the application of permanent jackets, in the way that has been described. Providing the shape of the bone can be changed, the result will probably be permanent if the treatment be extended over a sufficient period of time.

## A HOSPITAL INCIDENT

By GRACE V. BRADLEY, R.N.

Graduate of the Omaha General Hospital, Omaha, Nebraska

THE patient in Room 50 was a little girl of five, ill with meningitis; she must die, the doctors said. She was very frail, very thin; the large sunken eyes surrounded by heavy dark lines, the little nose drawn and pinched. So sensitive to touch was she that the little braids of hair had been left untouched for several days. Her hands were thin and her whole arm shook when she attempted to lift it. At intervals a spasmodic cry of pain broke forth from the fever-dry lips and the little body would become rigid. Then during the next interval the child would lie still, more comfortable.

Her people had come from the Tennessee Mountains, just a month before, to try farming in Iowa. Little Lucy had been ailing for some weeks and the town physician thought that the only hope lay with the surgeons and the hospital. Perhaps an operation would restore her to her normal self. So the father and step-mother brought the child, her "pappy" carrying her from the train to the hospital. He did not like the street cars and could not afford a carriage. The nurses gently put the little patient to bed and tucked her in as comfortably as possible.

The surgeon examined her and shook his head; the skilful nerve specialist looked at her and shook his head; the nurses said among themselves: "The poor people."

The visiting hours, and others too, when special permission was granted, the parents spent with the child, the father, bending over her with, "Are you better, baby; do you know pappy?" At times her eyes would follow him, but there were more times when those open eyes saw nothing. Then the father would turn to the nurse with, "Do you think she is worse?" Or, trying to be hopeful, "She seems a little brighter; that other nurse thinks she's better."

The patient in Room 150 was a young man, college-bred, refined and cultured, an only son of a popular family. One morning there came to him three boxes of flowers; they were arranged for him by a pro-

bationer. Ringing for his own nurse, he said: "Those flowers are beautiful, but do you know I don't think it quite right for a fellow to monopolize them. Are there not some patients who have none?" "Indeed," she replied, "I can soon find some one to whom your thoughtfulness will bring a ray of sunshine." "Take that vase of red carnations and the yellow chrysanthemums from the table," he said. The chrysanthemums were placed in one of the wards, but straight to Lucy the carnations were taken. "See," said the nurse, "these are for you," and the trembling hand of the child reached for the flower which the nurse put in it. "The others we will put on a chair by your bed." That evening Lucy grew weaker and coma came on. Long the flower was clutched in her fingers, though she did not know. All night, the child lingered, and next morning when the day nurses came on duty again, the little heart ceased to beat, "pappy's baby" was asleep, but the little hand still held the red carnation, for no one had had the heart to take it away.

## EYE EXAMINATION, TREATMENT AND OPERATION

By HENRY GLOVER LANGWORTHY, M.D.

Lecturer on Diseases of the Eye, St. Joseph's Mercy Hospital Training School for Nurses, Dubuque, Iowa.

(Continued from page 646).

### REMOVAL OF MISPLACED LASHES

As the nurse is occasionally requested to pull out ingrowing hairs, a word along this line will not be found amiss.

Inversion of the eye-lashes or trichiasis is a condition in which a number of the lashes turn in so that they rub against the cornea. The misdirected lashes cause mechanical annoyance and injury to the delicate outer epithelial layer of the cornea, with resulting irritation, sensitiveness to light, and eventually scarring. The lashes, particularly if few in number, may be pulled out as required and the process repeated when necessary. The technic of the procedure is as follows: The edges of the lids should be carefully inspected and the location of the larger, coarser ingrowing hairs noted first. One by one they are seized firmly with cilia forceps (tweezers), and the offending lash quickly removed. If the tweezers used be a good pair, the hair will be held securely and will not slip or break off. For removing finer, so-called white hairs, a magnifying glass may be necessary in order to detect and pull them out. Following this systematic removal of as many of the troublesome hairs as



FIG. 5.

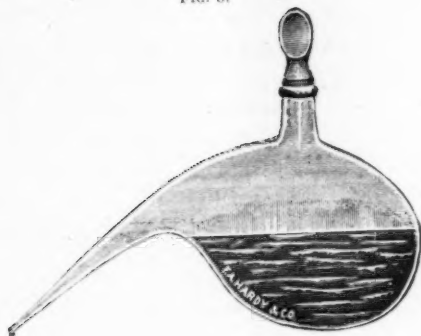


FIG. 6.



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possible, the eye may be flushed gently with a warm boracic acid solution or clean warm water and a bit of vaseline applied to the edge of the lids.

*Note.*—Sometimes when the eye is very sensitive and the examination and treatment difficult, a weak solution of cocaine (1 per cent.) may be instilled by the physician for convenience in handling the case. Cocaine should not be used by the nurse, however, except by direction of the doctor in charge.

#### EYE OPERATIONS IN GENERAL

As a rule operations upon the eye such as the removal of small lid tumors, incision of cornea, cataract extraction, removal of a piece of the iris, straightening eyes in squint, etc., are all performed with the patient lying quietly in bed upon his back. Cocaine, 4 per cent. solution, is the local agent employed for securing anæsthesia. Severer operations, such as the complete removal of the eye in enucleation, iridectomy, in glaucoma, and operation on very young children, are about the only ones carried out under general anæsthesia.

*Preparation of Patient for Average Eye Operation.*—The eye-brows, eye-lids, and skin about the eye generally should be cleaned with soap and warm water and perhaps a weak corrosive sublimate solution, and the conjunctival sac flushed with saturated solution of boric acid or sterile water (Fig. 5). Any irritating substance, however, should not be allowed to enter the eye itself. If the operation is not to be performed for some hours, the eye may be kept covered with a compress of lint (soaked in a weak bichloride solution 1:5000) and a well-fitting bandage (Fig. 6). At operations, the pad and bandage are removed, and the eye again flushed by the operator or his assistant. Often a square piece of gauze with a hole cut in the middle and previously soaked in a bichloride solution (1:5000) is placed over the face so that the eye itself is the only portion exposed. This will preserve a clean operative field. Bowls of warm water, normal salt or boracic acid solution, cotton balls, operating table or couch, and a bucket for waste should be provided. A nurse may at the request of the physician act as his assistant in sponging the wound. When wiping away blood at an eye operation never press hard upon the globe, but allow merely the moistened end of a bit of cotton to gently absorb the blood or excess of fluid present. The lids themselves may be wiped more forcibly, but the eye-ball seldom. The nurse in a short time should be able to provide whatever material may be required for the ordinary eye operations without asking unnecessary questions of the attending surgeon. A solution of atropine sulphate 1 per cent., cocaine 4 per cent., and adrenalin chloride (epinephrin) (1:1000)

should be conveniently at hand ready for instant use. Often the request is made that such solutions be sterilized by heating before being used. As mentioned above most all eye operations are performed under local 4 per cent. cocaine anæsthesia secured by dropping one drop in the eye every two or three minutes for three doses, but if a general anæsthetic should be required the preparation is then the same as in general surgery. Strict attention must be paid to the matter of clean hands, towels, cotton, irrigating solutions, and a clean operative field. As a rule, pus cases should not be operated on the same day, at least not in a room where delicate, clean eye operations are to be performed. A bichloride solution about the eye is seldom used in a strength over 1:5000. Normal salt or boric acid solutions are the most frequently used irrigating solution in eye work. In preparing instruments, the heavy ones may be boiled, but delicate cutting instruments, such as cataract knives, cystotomes, keratomes, knife needles, etc., are to be cleansed with caution by dipping in boiling water and then into alcohol, and finally placed in a pan of sterile water until required. A 5 per cent. solution of carbolic acid is also much used for sterilization. Some operators sterilize their instruments in a special copper compartment box by the use of formaldehyde gas. Suture material of fine black silk of various sizes and small curved eye needles should always be ready for an emergency. After operations great care must be observed in handling and putting away all small eye instruments.

*Post-operative Care Following Eye Operations.*—With the completion of an eye operation, the surgeon flushes the eye with a warm sterile salt or boracic acid solution, instils a drop of whatever medicine is required, and applies a bit of simple vaseline to the inside of the lower lid. Bichloride ointment is the most frequent ointment applied to the eye-ball before bandaging, to prevent sticking of the bandage to the lids. It is always wise in bandaging eyes, especially where delicate eye operations have been performed, to prohibit the patient from raising the head himself. The head should be raised by the nurse or assistant while the bandage is being put on. At the first dressing, and especially where the eyes have been bandaged for some time, the skin about the eyes and forehead should be cleansed with warm water containing a few drops of peppermint or a weak solution of alcohol in water. This treatment is very agreeable to the patient, as it allays itching and other discomfort due to the constant presence of the bandage. Severe operative cases are usually confined in a darkened room for a few days following operation and kept as quiet as possible. Patients should be cautioned to avoid accidentally striking an operated or bandaged eye with the hands.

**MATERIAL AND INSTRUMENTS REQUIRED FOR IRRIGATING AND PROBING  
NASAL DUCT IN CHRONIC TEAR-DUCT OBSTRUCTION**

Cotton balls for absorbing irrigating fluid, two or three towels, rubber apron to protect patient's clothes; cocaine hydrochlorate 4 per cent. solution; protargol 2 per cent. or argyrol 25 per cent. solution; bowl of clean warm water; small jar bichloride ointment (1:3000), canaliculus knife, lachrymal syringe, and a set of Bowman's lachrymal probes. At the first treatment a small knife (canaliculus knife) is used for slitting the canaliculus. This opening is made from the puncta along the internal surface of the eye-lid to the inner canthus, and follows the horizontal course of the canal. One or two small glass dishes for holding fluids and an eye dropper will also be required. Patients frequently have to wear these probes or sounds in place in the tear-duct for from ten to twenty minutes. In obstinate strictures a large sized Bowman probe is sometimes forced through the nasal duct under a general anæsthetic, or the sac itself may be removed by operation.

**LACHRYMAL ABSCESS**

A lachrymal abscess is usually incised externally through the skin with a sharp knife, and its contents evacuated. The wound is kept open for drainage with a small iodoform or plain gauze wick and dressed daily. Local anæsthesia is secured by throwing a fine spray of ethyl chloride on the part until the tissues are white (frozen). Ethyl chloride is much used in minor surgery for local skin and subcutaneous anæsthesia. During the operation the head of the patient may be steadied by the nurse. To recapitulate,—the following materials should be provided if possible: towels, absorbent cotton, sterile gauze, knife, tube of ethyl chloride, dressing forceps, bowl warm water, eye dropper, and roller bandage. The skin over the sac region may be cleansed with soap and water and a weak bichloride solution. Dipping the blade of the knife into alcohol is here usually sufficient for sterilization.

**NURSE'S PREPARATION FOR CHALAZION (LID TUMOR OR CYST) OPERATION**

The operation is performed with the patient either lying down on a table or sitting erect in a stiff back chair in front of a window. A bowl of warm water, eye dropper, small cotton wads or balls for sponging, and two or three clean towels will be required. As mentioned under eye operations in general, when the patient is operated upon in a recumbent position many operators cut a hole in a large piece of gauze previously dipped in a 1:5000 bichloride of mercury solution and lay it over the entire face, leaving only the eye which is to be operated upon

exposed. Local anæsthesia is obtained by dropping a solution of cocaine 4 per cent on the inner surface of the lid every three minutes for three or four doses. In performing this operation the lid is usually everted with a special pair of ring chalazion forceps, which completely surrounds the tumor, rendering the operation more or less bloodless. The instrument is so made that when clamped on the lid the metallic back also protects the eye-ball from any possible injury. The other instruments required are a small scalpel and a chalazion curette or tiny scoop. The cotton sponges used for wiping away blood or secretion should always be moistened in warm water and squeezed fairly dry before being applied to the eye. It is worth while repeating that the nurse should not press down unnecessarily hard when sponging, as it will cause pain and is moreover apt to bruise and injure the eye-ball underneath. Following a lid operation of this kind sterile vaseline or bichloride ointment, 1:3000, is usually applied and a bandage worn for 24 hours, although a bandage is not always necessary.

(To be continued.)

## FUTURE POSSIBILITIES OF THE STATE ASSOCIATION OF GRADUATE NURSES.\*

By LUCY C. AYERS

Superintendent of Woonsocket Hospital, Woonsocket, R. I.

I AM here to-day to say a few words in behalf of the Rhode Island Association of Graduate Nurses, which has just passed its seventh birthday. Its early life is the story of struggle and neglect. But for the few women who were responsible for its existence and who realized the place it must take in nurses' progress in the future in the state of Rhode Island, it would have perished in its infancy from inanition. Fortunately it was organized and incorporated under the laws of the state in the beginning, which fact has kept it intact, in spite of insufficient support from indifferent members of the profession.

The knowledge that all things permanent mature slowly gave us courage in spite of the violent opposition our bill met when introduced to the session of 1905. We withdrew it, realizing that the public was not yet ready for the act of registration that we wished to secure in the state to maintain high standards for the nursing profession. Our nearest

\* Read at the Seventh Annual Meeting of the Rhode Island Association of Graduate Nurses, Providence, March 6, 1912.



duty was obvious, we must direct our energies toward making the public see the need of laws to regulate the practice of nursing. In spite of the apparent lethargy of many of our members, the good work has gone on slowly but surely; as proven by one example. A prominent and influential member of the medical profession in this state bitterly denounced our bill on various public occasions, thereby creating a decided feeling of hostility among physicians in general, from whom we had hoped for support. We have great satisfaction in reporting to-day that this same person has personally indorsed and mailed a copy of our bill to each member of the Rhode Island Medical Society; and declared his entire sympathy with the bill at the public hearing last week in the State House.

The bill to-day is essentially the same in its requirements as the one presented seven years ago. Seven years is not so long, after all, to wait to secure a much-desired law, at least in Rhode Island, where progressive legislation has always lagged. So much for the reward of patience coupled with the belief in the ultimate success of your undertaking. We must not stop now to congratulate each other on the possible realization of hopes long deferred; but rather bend our energies to the pressing needs of the hour. As you can readily see when you read your copy of the bill, the majority of members of the examining board who will uphold the educational standards of the nursing profession in Rhode Island are selected from this society. Let each individual nurse feel that the future usefulness of this registration law depends upon her vote in this association; that it is as much a duty and privilege to belong to her state association as for a physician to be a member of the State Medical Society. It behooves all nurses to wake up to the possibilities for future usefulness of their state societies.

This association, being incorporated, may own property, receive bequests, conduct business enterprises, investigate nursing conditions, appoint committees to confer with hospital or training school boards, and join with other educational forces of the state in the interest of the welfare of the public. We are affiliated with the American Nurses Association and the Federation of Women's Clubs in Rhode Island. We should become affiliated with the society for the Prevention of Infant Mortality and other national organizations for social betterment. Believe me, with organization, we are gradually entering a new era for our profession. The second half century's progress will be reared on the firm foundations laid by the consecrated women of the first "who dreamed dreams and saw visions" of broader fields while they toiled with the burdens of their time. The day is not far distant when schools

of nursing will ask for and receive money to endow chairs for the adequate instruction of their pupils: a chair in pediatrics that will better equip nurses for school inspection and child welfare work; sanitation and hygiene to make nurses more efficient as investigators of working and living surroundings; and as advisers in the work of prevention to which so many are called and so few competent to be chosen.

Food and its relation to health and morals is still too lightly considered in our schools. The laboratory as well as ward and operating room must play an important part in the training of nurses to-day—whether for private, institution or district duty. They need a thorough knowledge of the laws and philanthropic agencies of the state and city in which they live that they may realize their potential power and go forth better armed to combat the adverse conditions that confront them in their paths as district nurses. More time is needed to study individual cases that mental and moral healing can be undertaken as well as physical; thus developing in the pupil that breadth of vision which will create more charitable consideration of the patient, which will be reflected in her tact and grace of manner, the lack of which has handicapped so many well-intentioned young women.

All of this implies on the face of it more permanent nurses on the staffs of our hospitals, that pupils may have sufficient time, strength and mental receptiveness to accomplish these things "decently and in order," another avenue for endowment which would benefit both hospitals and schools.

A well-known charity worker told me it was a hopeless task to try to lift people until you could create in them a desire for better being, with a willingness to assist in the process. We might say the same of many of our profession to-day. Until we can prove the need and show the aspiration to secure better preparation for our work, philanthropic citizens will continue to put their money in other educational channels that perhaps are not so far-reaching in results as schools for nurses.

This organization should stand for high standards in nursing education; and consider that one of its important functions should be to bring the public into closer relationship with the present needs of our nursing schools. Rhode Island is such a small state that the problem of securing unity of purpose and action is very simple. If every graduate nurse in the state would become a member, we should have a body of women that might undertake and bring to a successful issue, measures that would strengthen the weak links in our chain of progress. It would be practical to have a committee or section devoted solely to the advancement of nursing education; another to professional interests;

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to which questions of ethics and remuneration might be referred for discussion and possible solution; another for social and civic betterment; which might be empowered to investigate, report, and act on matters that should interest our profession; such perhaps as the nursing care given our dependent population in public institutions; economic and industrial conditions that keep the state mortality record high among infants and young children, working time lost to employers and employes that might be saved by welfare nurses in our large manufacturing plants, the need for more play grounds and recreation centres in densely populated districts; how to reach ignorant housekeepers whose unwise selection of food and poor cooking keep their families always poorly nourished and the easy prey of intemperance and disease; another devoted to the social interests of this body which should arrange occasional meetings for social purposes chiefly, that newer and younger members could meet and know the older; and all the sections should have an opportunity for informal interchange of thought and experiences.

Our annual meetings should be enthusiastic gatherings with reports from the various sections, showing what has been accomplished along the lines attempted, thus stimulating inspiration for wider fields of service.

The future of this organization which was incorporated seven years ago for "the purpose of elevating and maintaining the standard of qualifications for graduate nurses, of securing their registration by the State; of advancing the interests of the nursing profession; of establishing cordial relations between this and other states, and of promoting the professional success of the members of the association" depends upon you, individually. As is your enthusiasm and sense of personal responsibility, so shall be the subsequent expansion and influence of the Rhode Island Association of Graduate Nurses.

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## THE VALLEY OF THE SHADOW

By HARRIET CAMP LOUNSBURY

I SUPPOSE that no nurse deliberately chooses to go to an incurable case, yet most of us who have done private nursing have found ourselves at some time caring for one, who slowly and painfully creeps nearer day by day to the great end. We have gone, perhaps, to stay a few weeks, for some acute disease, but symptoms have changed, and instead of recovery a long, slow decline is to be faced. The nurse feeling she

is needed decides to stay and do what she can for the poor failing body, and so the weeks drag on, in the dreadful monotony of that one sick-room, until she feels that she has been left out of the real nursing world, that she is stranded with her patient upon an island of pain,—that there is no outlook but the one dread Valley, no moving object but the river of Death, and no hope for the life she is guarding. Each week she grows more and more rusty as to her hardly-won surgical technic, more out of touch with those who come and go to one patient after the other, and who not unnaturally count upon so many victories over the very enemy who she knows will overcome the life she is fighting to save. She realizes that all her care will never bring victory, all her skill can but help to smooth the rugged pathway, which the feet must tread alone.

The endless repetition of the same symptoms is wearying, the only possible variation being some new pain which indicates another stage in the development of the disease; an improvement hardly cheers her, as she knows it is but temporary, and may be followed by an exacerbation of the trouble. Often the actual nursing calls but for a portion of the day, but that portion is so necessary that the nurse's presence is imperatively demanded. The remainder of the time little is to be done, except perhaps a guard maintained over the failing strength, a watch kept for the untoward accident that might snap the frail thread that binds the spirit still to earth. Probably the bedroom must be kept tidy, and the patient's clothing cared for, and the nurse feels she has degenerated into a servant. One who has gone through with an experience like this, and who has courageously remained with her patient to the end, has passed through a training more severe than any she has had in her hospital life, and she has earned a new diploma.

There are some things which the nurse may do to lighten these dark days, some things which may help both herself and her patient, and these I will try to show.

First, it is well to study your case from a pathological view-point. Find out the heredity, the manner of the daily life, the first manifestation of the disease, what circumstances led to it, how it was treated, what success the treatment seemed to have, what symptoms can now be noted, what complications have showed themselves, and their influence on the original disease. A careful history could be written, embracing all of these points, and as new symptoms appear they should be observed and noted. All this should be valuable and should help, some future day, to show some one who has but started on the dreaded pathway how

to avoid what will surely be a fatal disease. Many a valuable paper could be written in the long hours when the nurse feels she is losing her time, if she would intelligently study her case and write the story of the disease, what led to it and how it is being combated.

Perhaps, if it could be arranged, the nurse might be spared part of a day once or twice a week, and she could go to her hospital out-patient department, or to some dispensary and do some work that carries a little feeling of success with it. Work in a babies' milk station or almost any one of the numerous charitable activities would rest and refresh one who has for months been with the same patient.

Second, as a psychological study. We all know we must die. We feel that we talk to people every day who perhaps will not be alive a twelve month hence, but we are not actually certain that ourselves or any of our friends will so soon be dead, and we habitually act and speak as if we all were to live on indefinitely. So to be closely associated with some one who, we know, is drawing closer and closer to the life beyond the grave is a very solemn thing. Whether the sick one knows it or not the nurse knows it, and such an one must be viewed with peculiar interest. She is so near to knowing the great Mystery. She will so soon see those who have gone before. The present helplessness will so marvellously become Life Everlasting. It seems as the End comes nearer and yet more near, as if perhaps one could send a message to some of our own loved ones gone on before. "If you see some of my dear ones, on that other Shore, bear them a loving greeting from me, tell them I am trying to live as they would have me live." Such a thought trembles on the tongue, so near does the unseen seem to come to us.

In the face of these things, how small do the thoughts of our own dignity seem. It is all *service*, and service is what we were made for. "I pass this way but once, if therefore there is *any* service I can perform for my fellow man, let me do it now, for I shall not pass this way again." This quotation is familiar to all, and especially does it come to mind when we minister to those who are to die. When they are gone there will be no bringing them back to explain duties slighted or left undone. "We pass this way but once."

Third, from a religious point of view. It is quite impossible to say what, exactly, is the nurse's duty as regards the religious side of her ministration, though the wish to help must be often in the mind of every thoughtful nurse who has charge of an incurable case. The patient may not know her condition, and the doctor may not wish her to be



told; then of course the nurse's lips must be sealed as to any allusion to the dread truth. The religious views of the patient and her friends may be different from anything that the nurse knows; or perhaps the family pastor comes frequently and instructs and comforts the sick one and the family.

A patient will sometimes *ask* for the reading of some portion of the Bible, and unless the part is specified the nurse may be at a loss just where to turn. Some parts of the Scriptures are so generally known and accepted that they can hardly fail to give hope and comfort no matter what the religious teaching may have been heretofore. I will suggest them *in case* readings are asked for.

The Psalms are full of beautiful, comforting thoughts and prayers. The Twenty-third has helped many a poor soul about to take its last journey. The Thirty-seventh, which begins "Fret not thyself," shows that those are truly blessed who trust in the Lord. The Fifty-first, "Have mercy upon me O Lord," teaches repentance; the Forty-second, "As the heart pants after the water brooks, so longeth my soul for thee O God," shows the longing of the soul for God. In the New Testament, the fourteenth chapter of St. John's Gospel is a universal favorite on account of its comforting thoughts—"In my Father's house are many mansions." In St. Luke's Gospel, chapter xv, verse 2, we have the parable of the Prodigal Son, to show how complete and perfect is God's love and his forgiveness when sin is forsaken. In First Corinthians, fifteenth chapter, from verse 20, we have a masterly argument for the resurrection from the dead and a life beyond the grave. In Revelation, fourteenth chapter, thirteenth verse, is a very comforting thought for those who have led a strenuous life, and are in much suffering.

These few references will help, I hope, if any nurse is called upon to read the Bible, and she feels a little nonplussed as to exactly where to turn. There are of course innumerable passages besides these that could be found by the aid of a concordance, and which it would be wise to note on a slip of paper, ready for any call. Sometimes a patient will ask for a prayer, and it is not often that a nurse would feel competent to kneel down by the bedside and make an acceptable, extemporaneous prayer, so I would suggest buying a volume of "Prayers for the Sick." Very tiny, dainty, little books can be purchased at the church book-stores, full of these prayers. In the Episcopal Book of Common Prayer are many helpful prayers. The sentences, collect, and the whole of the Easter services are radiant with the truths of the Resurrection, and the Easter hymns are tuned to the same inspiring theme.

This last thought I leave with you. What more helpful consideration

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can come to a weary nurse than that the sick one to whom she has ministered for so many weeks or months should at last, on entering in to the Life Eternal, lay before the Lord of Glory the name of the one who was with her, who helped her, who cared for her, and who was faithful to her trust until the end.

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### SUGGESTIONS ON THE SERVING OF FOOD TO INVALIDS.

BY CELIA K. IRWELL

Buffalo, N. Y.

It would be an advantage if every trained nurse were skilled in the preparation of a variety of tempting dishes for her patients, so that when there is no other person to superintend this important duty, the nurse can direct how the cooking should be done, or, in an emergency, can do it herself. During convalescence the patient's diet does not always receive as much attention as is desirable, and chronic invalids often complain of the monotonous character of their meals.

The physician's instructions concerning diet must, of course, be carried out to the letter. If he orders liquid food only, this should be given with all possible variety—at all events, absolute monotony should be avoided. Soup may be thickened in different ways, one day with arrowroot, another with lentil flower, or crushed tapioca. If eggs are allowed, a beaten egg may be added to chicken or veal broth.

When farinaceous food is not forbidden, there can be no possible excuse for monotony in the invalid's diet, yet, only too often, the same kind of preparation appears meal after meal for days. Old-fashioned oatmeal may occasionally be used for a change, if the patient can digest it. In a carbohydrate diet, it is a great mistake to sweeten all foods. Even pepper and salt are at times a welcome change from sugar.

Food for sick persons should be served in small quantity, and its appearance should be as appetizing as it can be made. It should be served when cooked, and should never be allowed to stand, or it is sure to lose its freshness and fail to tempt the appetite. The serving should never be left to an inexperienced or careless person. As a general rule, the same dish should not be served upon two consecutive days.

Vegetables should never be given to any sick person without the physician's consent. Twice-cooked beef, lamb or mutton is objectionable. Oysters are more digestible raw than cooked. Cheese and all fried

foods are undesirable for the sick, or even the convalescent. Fruit must be sound and ripe, of course, but even if it is to be cooked, it must not be in the least over-ripe. All food, even bread, should be covered while being conveyed from the kitchen to the patient's room. The patient should not be consulted as to what food he desires, and each tray is then somewhat of a surprise when brought to him (or her), which somewhat breaks the monotony of invalid or convalescent existence.

All foods and drinks should be hot or cold, the *chaudfroid* condition being unsuitable for dishes that can be given to sick persons.

Everything suggestive of medicine should be banished at meal times, or when food is placed before a patient.

*To Prepare Chicken for Convalescents.*—There are many people who are willing to give every delicacy to their convalescents, but who cannot afford a freshly-cooked chicken every day in the week, although they are under the necessity of having the services of a trained nurse. Further, convalescents quickly tire of roast or boiled chicken if offered to them very often in the ordinary style of cooking. Let us assume that it is either necessary or desirable to keep a chicken for the entire use of an invalid, and that we have a roast chicken. This can be used whole the first day, and a portion cut from it which looks small and tempting, but which is ample for an invalid. This should be cut from the breast, unless the patient has a fancy for some special part. On the following day some specially delicate and nitrogenous vegetable, such as green peas, with suitable sauce, should be a prominent feature of the dinner, and the small quantity of chicken served will then be looked upon as an accompaniment. A portion, such as a leg, might be skinned, scored deeply with a knife, sprinkled with salt and pepper, and carefully broiled; or part of the bird may be freed from skin, minced and moistened with cream or white sauce, and delicately flavored with lemon-rind or ham, with a suspicion of powdered mace, then warmed. Two very small rashers of bacon as garnishing will add to the appearance and taste of this dish. The bacon should be chiefly fat, otherwise the patient may get too much protein.

Every bone of the chicken should be saved and added to the soup obtained by boiling the neck, gizzard and feet on the day on which the bird was first cooked. These bones should be broken quite small, and carefully stewed for several hours in the broth, and flavored with a scrap of lemon-peel and a little bunch of herbs and whole pepper, the vegetables and spices being tied in a muslin bag. When strained and cold, the result of this process in the form of jelly will be found very nice as savory jelly; or, if reheated, as a cup of soup, it will generally

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find ready acceptance. It may be enriched by the addition of the beaten yolk of an egg and a little cream or milk. When carefully warmed without boiling, this will make delicious soup, the flavor of which may be varied by throwing in some parsley chopped almost to a powder just before serving.

The best plan is to cook only part of a chicken. Instead of cooking a whole chicken and rewarming it in different ways, it is generally a better plan to cook only a part. The wish-bone and the breast can be rolled in buttered paper and roasted. A leg can be wrapped in buttered paper and boiled till tender in water flavored with carrot, whole pepper and a minute quantity of mace. When cooked, this should be well drained and served with boiled celery.

In cooking a chicken in several portions attention must be paid to trussing these portions so that they will look neat when cooked, and they should be trimmed with a sharp knife before being sent to the invalid.

*Chicken Panada.*—It is not always necessary, by any means, to keep a chicken for the entire use of an invalid, and there is a charming dish called chicken panada which is easily digested. To make it is quite simple. The meat must be taken from the breast of a freshly-roasted or boiled chicken and reduced to pulp by chopping and pounding it in a mortar till quite smooth. This is then mixed with breadcrumbs. A little chicken broth, cream or water is added, and the whole is then placed in a stewpan, flavored to taste, and stirred over the fire for ten minutes.

*Chicken Broth.*—In making chicken broth for invalids a little of the fleshy part of the knuckle of veal will be found an improvement, and the chicken bones should be well crushed that their value may be extracted. The broth should be varied in appearance and flavored by using vermicelli, rice or cornflour as alternate thickenings with hot milk, cream, or beaten yolks of eggs. In making chicken broth to be served brown, a crust of bread boiled with the bones, a sprig of parsley, whole pepper, and a minute quantity of mace will be found pleasant flavoring. When oysters are in season, if the chicken broth is strained through a fine sieve and some small oysters are slightly warmed in it, a very nourishing soup will be created, which will not tax a convalescent patient's weak digestion.

## NURSING IN MISSION STATIONS



### A TRAINING SCHOOL FOR NURSES IN SOOCHOW, CHINA

BY MARY A. HOOD, R.N.

Graduate of the Scarritt Training School, Kansas City, Mo.

THE hospital and medical school of which this nurse training school is a part were organized twenty-one years ago. The first diploma was given in 1896.

Three years ago I was appointed to work in this hospital, and in 1910 the nurses were divided into two groups,—the older women who had long experience with but little systematic study, and the younger women who were beginning to work on a full nurse training course. Of this latter group there are three, who have finished the first half of the second year's work.

Last fall a new class entered, five in number; three fell by the wayside, and this spring three new probationers have come to join the class. The teaching in this department is done by the superintendent, assisted by Dr. Polk (physician in charge), Dr. Sung, and Miss Dan, a third year medical student. In this practical work these nurses (eleven in number) have had charge of all the patients who have been in our wards and private rooms. The capacity of the hospital is 60 beds. They have taken their turn in clinic and maternity department and have done out-nursing when they could be spared to take it up.

The report for the year shows the total number of patients as 6223. Six hundred and ten of these have been "in-patients" or inmates of our wards. It is hard to make a report of spiritual results in hospital work. We try by literature, social contact, exhortation, and instruction to give each patient something from the Gospel message to take away with her, but it is really only a small per cent. who are sufficiently reached to send them away trusting in Christ and expecting to be His followers. We trust the seeds are sown and prejudices broken down even where results are not in evidence.

The school's hope for each soul is: "Thou shalt love the Lord thy God, with all thy heart, thy soul, thy mind. This is the first and great

commandment. The second is like unto it, Thou shalt love thy neighbor as thyself."

The school's hope for each mind is: "She hath done what she could."

#### HOW PROBATIONERS ARE INITIATED IN KOREA

(Extracts from a letter by Esther L. Shields, Severance Hospital, Seoul.)

... THE (Robb Memorial) calendar is a very inspiring memorial to Mrs. Robb, and a help to those who receive her messages, even now.

On Friday morning, last, we had a little ceremony for five of our Korean young women who had passed their probation period and wore their uniforms for the first time. We met in the church on the compound with a very few friends, and after singing "Faith is the Victory," we had opening prayer by a Korean church officer, and reading by B. C. Kim about the sisters Mary and Martha. Dr. Avison gave a very helpful talk, then Miss Helen Forsyth put before the nurses some ideals and told of the inspiration she had received from Miss Rose Lucas, during her early training, and from Miss Ennis while taking a post-graduate course. Miss Forsyth and I placed the caps on the heads of the nurses who were to receive them, a graduate nurse of a sister training school led in prayer, and we closed the service by singing the "Consecration hymn," after which congratulations were offered in the usual western fashion. The girls did look well, and we hope they may go on and become thoroughly good nurses.

Miss Forsyth is at present living in the hospital—we hope before many years to have a nurses' home—and is studying the Korean language and making use of it as she superintends the work in the hospital.

It still seems to be impossible to have many meetings to which any considerable number of the foreign nurses can come, as they are scattered over the country and are often busy personally in special nursing. I think there are twenty-one graduate nurses in Korea; ten are married, and only one is in regular hospital work, though some of the others are on call. Some day we'll try to get some reports together which will give a better view of the whole work in Korea in nursing lines.

## FOREIGN DEPARTMENT



IN CHARGE OF

LAVINIA L. DOCK, R.N.

### THE COLOGNE CONGRESS

PERHAPS of all the doings at Cologne the most specially attractive to many nurses will be the visit to Kaiserswerth, the cradle of modern nursing, where Friederike Fliedner developed the modern form of training, and where Miss Nightingale twice spent fairly long periods of study and ward work. The members and visitors to the Congress are invited to inspect Kaiserswerth on Thursday, August eighth. As it lies a little way down the river, and as there is so much to see, it will take the greater part of the day to do it justice, especially as rush and bustle are abhorrent to the calm atmosphere of the place. Nurses should go there in the spirit of the pilgrim, and we suggest to our American members that they prepare themselves by reading the chapter on Kaiserswerth in the second volume of "A History of Nursing."

There are also many noteworthy institutions in and around Cologne to which the Congress members will be conducted, and visits to these will be varied by "Tea in the City Forest," so delightfully German as it is. Music, too, we may feel sure, will not be wanting.

The exhibition of nursing and social work will be open from 9 A.M. to 7 P.M. daily from Saturday, August 3, until August 11, in the "Marzellen Gymnasium," a school building. Miss Dock will reach Cologne about a week beforehand, and will take charge of American exhibits. They may be sent to her in charge of Thomas Cook, the universal tourist agency.

The entertainment given us by the city authorities will be held on Monday, August 5, in the Botanical Gardens, from 5 P.M. on. A simple and inexpensive luncheon will be served daily at the meeting places.

Cards for the Congress will cost seventy-five cents for members of the International Council and other nurses, and \$1.25 for other visitors, physicians, friends outside of the profession, etc.

Nurses intending to be present and desiring inclusion on excursions, entertainments, etc., should send their names to the office of the German Nurses' Association, Berlin W. 50, Nürnberger str. 22<sup>1</sup>, up to July 1. After that, to Cologne. Americans and other foreigners may send after July 1 to Miss Dock, care of Thomas Cook's offices. The German journals will give directions for the German nurses.

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It is a matter of felicitation that the Trained Nurses' Association of India has applied for membership. Its delegation will comprise Miss L. M. Tippetts, president of the Nursing Superintendents' Association of India; Miss G. Tindall, president of the Trained Nurses' Association; Mrs. Klosz, editor of the *Nursing Journal of India*; and Miss C. R. Mill, vice president for India of the International Council of Nurses. Miss Tippetts is matron of the Marlborough House Nursing Home at Lahore and Simla; Miss Tindall is matron of the Cama Hospital at Bombay; and Miss Mill of St. George's in the same city.

We had hoped that the organized nurses of China would also enter, but so far they have not been heard from. The recent wonderful revolution and reconstruction in China, the enfranchisement of its women, and the remarkable impetus toward popular education, may well have preoccupied the attention of all residents of that country. There are now training schools for nurses under Chinese control and directed by Chinese trained nurses and physicians. When China enters the International Council of Nurses, we shall hope to see its group led by Chinese women.

#### ITEMS

THE editor of this department realizes that ere this she should have given an account of the involvement of British nurses in the Insurance Act recently passed by Parliament, but her comprehension has failed her whenever she has attempted it. Its whole history is a powerful argument for woman suffrage, and, we think, a terrifying example of the present unchecked power of men to legislate for women on any lines they please, without consulting them, without caring what they think, and the absolute powerlessness of women, who are compelled to conform to laws thus made. Some day, when we have space, the Insurance Act shall have consideration.

A MEDICAL woman whose work is in Turkey recently visited the Nurses' Settlement in New York. She is trying to develop district or visiting nursing in that country, but says it is necessary for two nurses always to go together, as one, alone, is likely to disappear, and one can never tell what is going to happen to her. Probably the rule of Catholic sisters always to go abroad in twos arose from some such practical reason.

THE Colored Nurses' Association of the United States will send a fraternal delegate to Cologne as well as a couple of visitors.

THE German government has paid our International Council a compliment that we have not enjoyed before: it has sent official notices of the Cologne Congress to all other governments.

## DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE



IN CHARGE OF  
EDNA L. FOLEY, R.N.

[To keep this department up-to-date and helpfully interesting, nurses in social work of every description and superintendents of district nursing associations are asked to put the address of its editor—104 South Michigan Avenue, Chicago—on their mailing files for items, clippings, and annual reports.]

OHIO, CINCINNATI.—The second annual report of the Cincinnati Visiting Nurse Association is a record of splendid progress. The first nurse was put into the field just eighteen months ago and now there are seventeen nurses on the staff. The city has been divided into ten districts and one nurse each is assigned to work for the Association for the Welfare of the Blind, the Children's Clinic of the Ohio-Miami University, and the Maternity Society.

From August to January the eighty nurses investigated all cases of contagious diseases under the direction of the Board of Health. Disregard of quarantine precautions and the subsequent appearance of secondary cases in the immediate neighborhood were found in many cases and the results of the nurses' instructions and watchfulness helped to keep down the number of these latter. In the future it is hoped that this work may become a definite part of the Health Department's work.

Two interesting statements in the report of the superintendent, Abbie Roberts, were:

*First.* That the records of local charities showed that 50 per cent. of all dependency was due to ill health; and

*Second.* That there was hospital-bed provision for just about one-tenth of the sick in Cincinnati. Canvasses of other cities would show about the same proportion of dependants and a smaller proportion of beds, probably; so these two facts are, in themselves, an explanation why visiting nursing is developing and expanding beyond the hopes of its most sanguine progenitors. As long as there is, for so many of our people, the daily wage between comfort and poverty, between health

and sickness, the visiting nurse will find many opportunities to use her manual skill and her teaching ability.

CLEVELAND.—Margaret Kamerer, a visiting nurse who has been doing special-case tuberculosis work under the direction of the Anti-Tuberculosis League, has been engaged as traveling tuberculosis visiting nurse for Ohio for one year; she will spend one month each in the twelve cities of Ohio, that sold the most Red Cross 1911 seals, per capita, at Christmas time. Miss Kamerer began work in Circleville, March 1.

PENNSYLVANIA.—The twenty-sixth annual report of the Philadelphia Visiting Nurse Association gives an all too brief account of the opening of the fine new home of the Society, a large four-story residence at 1340 Lombard Street. The report of the superintendent, Margaret Lehman, shows a busy year's work well accomplished, and of special interest is one bit of co-operation whereby a large department store had arranged to have the visiting nurses visit all their sick employes in their homes. One especially noteworthy statement in the report is well entitled to the whole page, of which it is the centre-piece, viz.: "The object of the society is to give to the poor and to those of moderate means the best home nursing possible under the circumstances." May the day hasten when those of moderate means may feel free to call in the visiting nurses in other cities and thus help to solve that much discussed problem of nursing for the great middle class.

CONNECTICUT.—A very representative mass-meeting was held in Parson's Theatre, Hartford, on March 2 to discuss the rapidly growing work of the visiting nurse association, and means for obtaining increased funds to further its good work. Mayor Edward L. Smith presided, and the work of the association was presented from the standpoint of the school by the principal of the district in which school-nursing has been tried; of the Health Department by a medical inspector; of the Free Dispensary by its president; and of the Visiting Nurse Association, itself, by its superintendent, Martha J. Wilkinson. At the close of the meeting a finance committee was appointed whose members were to work to increase the number of annual subscribers, of \$10 each, to six hundred. The superintendent of the society has recently been elected vice-president of the Hartford Child Welfare Society, and has been appointed a member of the recently formed vice commission.

ILLINOIS.—Graduates of the Chicago Lying-in Hospital and Dispensary will be glad to hear that the plans have been completed and ground broken for the splendid new hospital at Vincennes Avenue and Fifty-first Street. In a recently issued report, containing views of the future hospital and its floor plans, the following startling figures were printed:

1. 20,000 mothers die in child-birth every year; 15,000 of these could have been saved.

2. 250,000 babies lose their lives each year while being born; 100,000 or more of these might have been saved.

In discussing the reasons for this terrible state of affairs medical schools, hospitals and training schools are arraigned and found wanting; hospitals because they do not do justice to the maternity wards; and training schools because they do not teach nurses enough to show them the beauties of obstetric practice. Thus far over three hundred nurses have been given the special training at the Chicago Lying-in Hospital and Dispensary, which qualifies them for the position of obstetric nurse; through the Dispensary over 15,000 mothers have been cared for in their own homes with a maternal mortality of less than one-tenth of one per cent. The medical students and visiting pupil-nurses who get their obstetric training in this way usually work in inconceivably poor and dirty homes; hence this record is all the more praiseworthy and unique.

HARRIETTE J. MCCARTHY (Mercy Hospital), has resigned from the Municipal Tuberculosis Sanitarium Dispensary Department nursing staff and has accepted the position of tuberculosis visiting nurse in Racine, Wisconsin. Margaret Janss (Grace Hospital) has also resigned from the tuberculosis nursing staff and has left Chicago for an indefinite period. (Address Venice, Los Angeles, California.)

THE senior class of the Illinois Training School for Nurses gave a two-hour demonstration for the members of their alumnae association at the Cook County Hospital amphitheatre on April 22, and all visiting nurses fortunate enough to attend were enthusiastic in their praises. The following program was presented: I. (a) Alcohol sweat; (b) hot air bath. II. (a) Setting patient up in bed; (b) changing mattress under patient. III. (a) Steam tent; (b) Bradford frame. IV. (a) Baby toilet; (b) wrapping premature baby. V. (A) Bandaging; (a) Velpeau; (b) head; (c) hand and arm. (B) Applications; (a) ice coil to heart; (b) ice-bag to heart; (c) ice-bag to painful knee. VI. (a) Tubbing; (b) hot fomentations.

Busy district nurses can't always stop to post-graduate in order to brush up old nursing methods or acquire new ones, and demonstrations as well given as the above, would prove of inestimable value. If hospitals would spare the time, both pupil-nurses and graduate nurses, whether in private or district work, would surely profit by this approved and but too little tried method of giving and receiving instruction.

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## NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

**WOMEN'S PLACE IN MEDICINE.**—In an editorial on this subject the *Medical Record* says it is a mistake that women's entrance into the field of medicine is of recent date. Hygeia, the goddess of health, was the daughter of Æsculapius, the god of medicine. When Greece was at the height of her fame, gynæcology was almost wholly in the hands of female practitioners. Galen refers to a work on midwifery, written by one Cleopatra. Aspasia was a Greek authoress who wrote on the diseases of women. In Rome during the first century, there were women who achieved distinction either as midwives or as general practitioners. During the middle ages women were welcomed into the healing art, and in the University of Salerno, in southern Italy, there were a number of women who were especially prominent members of the medical faculty.

Coming to more recent times it is noted that Anna Morandi Mazzollian occupied the chair of anatomy at the University of Bologna about the middle of the eighteenth century. At this time the Italian universities generally admitted women students. Maria Mactillari graduated in medicine at Bologna in 1799, and Maria delle Donne took the medical degree at the same university in 1806. The University of Zurich granted this degree to a woman in 1867, and in 1869 the St. Petersburg Medico-Chirurgical Academy conferred the medical diploma on its first woman graduate. In 1858 Elizabeth Blackwell, an Englishwoman by birth but a resident of America, was graduated from the medical school at Geneva, New York. In meeting the requirements demanded of medical students women have done remarkably well, and have shown that at least as regards passing examinations they are equal to the men. In July, 1888, of the thirteen women students who took the intermediate examination at London University, twelve passed, seven took honors, and one took honors in three subjects.

**THE OATMEAL CURE IN DIABETES.**—Dr. S. Strouse reviews in *The Interstate Medical Journal* the recent literature on this subject. The oatmeal cure of Von Noorden was the result of an accidental discovery of the effects of oatmeal gruel in a diabetic for whom it was being prescribed on account of some intestinal disturbance. Further clinical investigation showed that under certain restrictions the employment of

oats in severe cases of diabetes offered a remarkably striking result, namely a reduction in the sugar output and a diminution of the acidosis. Oatmeal properly used will improve cases of diabetes which have resisted the ordinary dietetic and medicinal means. It is inadvisable to use it in those mild cases which ordinarily react very well to the usual dietetic restrictions. It should be held in reserve for cases in which much difficulty is found in controlling the disease.

The food itself is easily prepared. To 250 Gm. cooked American oats are added 250 to 300 Gm. washed butter, the whole thoroughly mixed while hot and divided into three or four portions to be served in one day. At each feeding one or two eggs may be added to the gruel, though the tendency now is to limit the day's food to the oats and butter. Some patients prefer to have the oatmeal served in the form of fried cakes. The patient must be carefully prepared. After as low carbohydrate as the patient can stand without danger, for two days before the cure nothing is given but vegetables of low carbohydrate contents, then for three or four days the oatmeal, then two more days of vegetables, and in case the desired result is not attained, another course of oatmeal.

**THE SEXUAL EDUCATION OF THE CHILD.**—This subject, which is now being so widely discussed, is treated in a paper in the *Medical Record* written by Dr. Reed, associate in psychiatry, Cleveland-Pulte Medical College. The mother he believes to be the proper instructor of the child in these matters. He concedes that there is a difficulty because she frequently needs instruction herself and because children differ so greatly that each individual case needs especial consideration and adaptation of instruction. Sex is not a subject to be dealt with lightly, frivolously, or contemptuously. It is a very serious, important, and for many a very personal and intimate affair. Many think, and perhaps rightly, that it is too intimate and personal to be discussed except between husband and wife, parent and child, physician and patient.

The child must be legitimately enlightened, or the knowledge will be obtained illegitimately. We do not hesitate to deprive the child of many other forms of ignorance for the sake of its innocence, then why hesitate to deprive it of sexual ignorance, when this ignorance may eventually prove to be a treacherous foe? It is not necessary in teaching a child a few simple facts about sex to instruct it in vice. What is necessary is the complete confidence between parent and child that will enable the parent to recognize very early the out-cropping of vicious tendencies that need correcting.

This concealment envelops the subject in mystery and produces in the mind of the child many strange fancies. Particularly in girls the



shock of the first encounter with the sexual problem, wrongly presented may be the cause of a grave neurosis, manifesting itself only after many years. Neurologists believe that sexual incidents occurring in childhood and buried out of mind in the subconsciousness may be the cause of grave nervous disturbances much later in life. It is therefore of the greatest importance that the mother should truthfully and naturally present this subject to her children, and teach them its true meaning as she does every other subject on which they require enlightenment.

**NOCTURNAL ENURESIS IN CHILDREN.**—As nurses are often consulted regarding this troublesome condition, it may be interesting to note some of the causes as given by Dr. John Ruhräh in the *American Journal of the Medical Sciences*. It may arise from local causes, mistakes in diet, or from a nervous condition; adenoids and insufficient thyroid secretion are also mentioned as exciting causes. Irritation from an elongated or adherent prepuce in the boy, or from an adherent clitoris in the girl, from inflammation, balanitis or vulvitis. Pin-worms in the rectum may cause irritation.

Drinking too much water in the early evening renders it difficult for the child to sleep all night without emptying the bladder; he should be aroused for the purpose. Food that is too rich, that is digested with difficulty, or that causes intestinal indigestion may cause bed-wetting by making the urine irritating, as gas in the intestine pressing on the bladder may have the same result. The urine may be hyperacid or alkaline; either can be discovered by analysis of the urine. If there is an excess of acid meat should be withheld for a time, and the diet consist of milk with a cereal. Some drug, as potassium citrate, may be given to neutralize the acid. If the urine is alkaline, meat may be given, and some drug as hexamethylenamine to correct the excess of alkali. Worms should be treated with appropriate remedies and constipation prevented.

Children who are not suspected of epilepsy may have such slight attacks at night as to be unnoticed except for the fact that the urine is evacuated. Some abnormal condition of the spinal cord may be found, or an insufficiency of the sphincter muscle of the neck of the bladder may prevent the urine from being retained. The child must be carefully examined, and an examination of the urine be made before the treatment is decided upon.

Raising the foot of the bed, tying a knot under the child's back so he will not lie upon it, restricting the intake of liquids late in the day, waking the child in middle of the night to urinate, are simple methods of considerable value.

## LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

### A QUESTION OF ETHICS

DEAR EDITOR: I would like to have the opinions of two or more superintendents of hospitals with training schools for nurses from 25 to 50 beds, also of superintendents of larger schools, who have had experience in this line.

What is ethics? Robb defines ethics as follows: "By ethics is meant the science that treats of human actions from a standpoint of right and wrong." . . . And "the rules of conduct adapted to the many diverse circumstances attending the nursing of the sick constitute *nursing ethics*."

When a graduate nurse in good standing, but from another hospital, is called by a local hospital or by a physician or is taken by a patient to care for a patient, while in the hospital (granting the nurse adapts herself to rules and conditions in the local hospital) does not she, the special nurse, have charge of the patient, only as she is relieved by other nurses for rest, etc., except that if the patient's case is an operative case, the surgical nurse has charge of the operation and sometimes superintends the first two or three dressings afterward, leaving the patient with the special nurse? If not, what is meant by a special nurse?

Is it the superintendent's duty (I am speaking now of the small hospital) to arrange for the special's needs, articles needed for work, time of meals, etc., until she is able to locate everything needed?

We know the same rules do not apply to all hospitals alike, but if each one follows the Golden Rule, "All things whatsoever ye would that men should do to you, do ye even so to them," and is not always looking out for *number one*, would it not be more kind and Christianlike to help each other?

May I ask, further, is not a nurse to be loyal to the physician in charge, also to her patient? Which comes first? And is not a physician to be loyal to the nurse in charge, and the patient loyal to the nurse in charge? Can one do as good work otherwise?

P. H., R.N.

### OCCUPATIONS FOR OLDER NURSES

DEAR EDITOR: In reply to "Middle Age" I would like to suggest one line of nursing which must or should be done by older nurses, namely, boarding-school nursing.

This is a vastly more important work than many nurses will admit. It is in no way inferior to other educational work, and secondary schools are coming more and more to demand a nurse of *ability*, and *ripe experience*.

I have held such a position in a school of a hundred students for the past five years, and expect to continue in it for some time to come. A young nurse is most often a failure in dealing with young girls, in their own language

they "can work her." Boarding-school work is or should be health nursing rather than sick nursing; and the nurse has most of the problems of the mother—she governs clothing, exercise, and, when desirable, diet. It differs widely from hospital work, yet it is institutional life and a woman should be "liveable" if she is to become a member of a large family.

The life offers some pleasures, good music, good lectures, a good library, association with people of refined habits and tastes. It is not a snap, and any one looking for that kind of thing will find herself disappointed. To keep a family of from 100 to 200 people in good health will furnish occupation for an industrious nurse, but she may arrange her work to suit herself, and if she is a good nurse she is not apt to have much night work.

It is a dignified position, a position of authority, of responsibility. It should be filled by a woman in good health, of earnest purpose, of high ideals—a woman who has been trained, not alone in a school of nursing but in that larger school which we call Life.

Minnesota.

EXPERIENCE.

#### PRESERVATION OF RUBBER GOODS

DEAR EDITOR: I am not sure whether methods used to preserve rubber goods in tropical climates would apply to high altitudes, but in the hope that they would, I am sending for "S. A. M.'s" benefit a clipping from the last number of the *China Medical Journal*, which bears on the subject.

"Two years ago we returned from furlough, bringing with us a large number of pairs of rubber gloves, and the question rose at once, how to preserve the gloves not immediately needed for use.

"Mrs. Maxwell as matron of the hospital took the matter in hand, and devised the following very simple plan:

"A seven-pound Huntley and Palmer's biscuit tin was taken and the bottom thickly spread with powdered boric acid, the gloves were taken from their original boxes, powdered boric acid was freely sprinkled inside each glove which was then put separately in the tin and a little more boric acid sprinkled over it before the next glove was put in, and finally another thick layer of boric acid was spread at the top of the tin. The gloves kept perfectly well through two hot and wet summers.

"Now I have the best of all proofs of the truth of this last statement. We were new to rubber gloves and our choice of sizes was a very unhappy one, practically all the gloves we got being two or three sizes too large for comfortable use. We therefore took the opportunity a couple of months ago of sending all that was left of our stock of gloves back to the firm from which we purchased them, asking the firm to let us have as much as they could on exchange for gloves of a smaller size.

"The reply we got was that the gloves were in as good condition as when they left the firm's premises and they would allow us the full value on exchange. I think no better proof is needed of the success of this method of preservation.

"The only note is that boric acid must be used very freely. This is of little importance, as boric acid is very cheap, while gloves are unfortunately a fairly heavy item."—James L. Maxwell, Tainan, Formosa.

New York.

K. D.

## AROUND-THE-WORLD LETTERS

(Extracts from letter dated December 30).

DEAR EDITOR: We reached Manila on the morning of December 23. At quarantine, as usual, a doctor came aboard, and as there were two patients to be visited, I was looking out for him with more than usual interest, because this was our first entry under the American flag. To my great disappointment I had my first experience with an unmannerly cub. In every British port the doctor was courteous and friendly to me, and had a kind word for the patient, so that the contrast was the more marked. My patient was a Canadian, so you may imagine all the things I have heard about it since. Our short stop at Manila was delightful. The pier was decorated with flags, and committees had been arranged to meet the people of each state in the Union, and the foreigners, to provide for their entertainment. The Germans were taken care of by a graduate of the German Hospital, who had been an army nurse and who remained in Manila as the wife of a charming German gentleman of wealth and position. I went by myself, hiring one of the delightful little two-wheeled sort of buggies, drawn by a sleek well-fed pony and driven by a nobby little Filipino dressed in white duck, with a dark blue cap stuck rakishly on his head and with bare feet.

I went straight to the General Hospital, which is so beautiful and so modern, so clean and well-ordered, that I felt like getting my trunk and staying right there. They train Filipino boys as well as girls, having about 300 in all. I had to get my information from a clerk, because the superintendent was occupied with personal friends from the steamer. I wanted to ask a great many questions. There are about 25 American nurses there, and I understand they want more. These are Civil Service positions, and if any one likes warm weather and a hospital that is practically all out doors, this is the right place for her.

From there I went to the Division Hospital and met some of our army nurses. This hospital is old, and of course not as nice as the General, but the wards and nurses' quarters are roomy, and the nurses seem to enjoy the life there, too. I was surprised to find that there is such an amount of general nursing, including obstetrics, because the wives and families of the officers are also cared for here.

We took a trip up the Pasig River and found the Filipino houses stuck up on stilts very interesting. They look like bird houses. It must have been wash day, because all along the river men and women were standing waist deep in the water washing clothes. This is done by picking up a garment at one end, soaping it, and slapping it hard on a rock, occasionally swishing it around in the water. The rocks are worn quite smooth by the process.

At six o'clock the band plays on the Luneta—a large open space like a college campus. It was an interesting sight as well as a musical treat—the automobiles, carriages, and carts lined up, the American officers with their families, the natives, some in picturesque native costume, the little children, both brown and white, and overhead the soft dark sky with the wonderfully bright stars of this climate.

In the evening I thought I had been transferred to Germany, for I spent the evening at the German Club. Nearly every German on the *Cleveland* was present, and our hosts saw that every one had a good time. I believe every one on board had found old friends and made new, because our departure was attended by an even greater number of people than our arrival, and messages

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and farewells were exchanged in English, Spanish, French, and German. Flags were waved, and amid a general hurrah we sailed out of that splendid harbor.

From there on, the weather became cooler and the sea rougher, and everybody was busy putting away summer clothing and getting out steamer coats and rugs. The thoughtful company had brought along a Christmas tree, and on Christmas Eve, after dinner, we had a lighted tree and songs enough to make the very engines homesick. Christmas Day was rough and cold, and I knew of nothing quite so cheerless as my thoughts and my stomach, but on Tuesday, the twenty-sixth, when we approached Hong Kong, it was pleasantly cold, not raw. Around us were hundreds of the picturesque Chinese boats, called junks, the design of which has not been changed in hundreds of years. The sails are made of tea box covers stitched together, and they are stained by the weather to all the soft shades of brown.

The harbor of Hong Kong is beautiful, and from the water you face a city built on the hillside. At night the scattered irregular lighting of the streets, from the water front to the peak, gives one the impression that a part of the sky with its myriad stars is stretched before her as a carpet. The everlasting merchant, eager to sell, is again on the ship, and there is no limit to the things with which he tempts you, as there is no limit to the peculiar taste of the buyers, treasures, apparently, that will turn to curses in the custom house.

In the morning at the weird hour of five we filed sleepily from the ship across a gang to a river boat and travelled up the Pearl River to Canton. As the sun rose over the jagged rocks which line these shores and we saw the sails of many junks behind the trees, moving along like large moths, in a branch of this wide river, it seemed too beautiful, and quite impossible to believe that we were coming to a place of turbulent unrest, for it is only a few weeks since the Chinese have cut off their queues and have taken the first steps toward forming a republic. A short time ago they announced to their viceroy, at five o'clock, that at seven he should either be aboard a vessel awaiting him and be off for Hong Kong, or he would be a dead man. He proved how much alive he was when he obediently departed, taking with him the entire contents of the treasury. Canton's first act of liberty was to open its prison doors, liberating about 3000 criminals. Besides this, the enormous river population, the like of which I believe is not equalled anywhere, provides many pirates to add to the possibilities.

As we approached the dock we beheld the shore so densely lined with Chinese, standing so closely packed and so very still, that they looked like a million dots on a sheet of paper. We were received with music, and a line of soldiers held the narrow space left for us to pass through. As we were carried in sedan chairs over their heads, the soldiers saluted the men and took off their caps to the women. Not a queue was to be seen, and no gaudy clothing. They are adopting the unattractive European dress as rapidly as possible, beginning with caps with ear tabs, such as drivers wear in winter. Two of my chair bearers groaned and coughed pitifully. There seems to be a good deal of tuberculosis among them, due to their unsanitary and crowded living. Their food is chiefly fish, rice, tea, and vegetables. Over a thousand years ago the government established fish hatcheries, and their fish does look splendid. The vegetables, too, look very fine, and as we saw them delivering great quantities of fresh green things, we could not believe that they are not fit to eat. The



Europeans all grow their own things, because the Chinese have no sewerage, not even earth closets. The excreta are kept in earthen vessels which are emptied once a day by women, who use it for cultivating the soil.

Canton will never again be visited under such interesting conditions. The old insignia of the dragon is forbidden, the new flag, which is a star representing the sun and its rays embroidered in white on a blue field, is floating everywhere. We were stared at frankly, but by friendly faces. In spite of their exclusion from the United States, they like us, and one very intelligent Chinaman told us that they were trying to form their government like ours. He spoke only of the Cantonese; he said they know nothing of the problems of the other provinces. The passengers bought mandarin coats until I doubt if there are many left in China. Our wonderful trip in sedan chairs was through the narrowest, most densely populated streets in the world, past rows of marvellous shops, where furniture was being carved by hand, jewelry was being made of king-fisher feathers, jade was being fashioned into trinkets and ornaments, ivory and sandal-wood being converted into treasures, and over all and through all the odor of fish and of drying orange peels. They make double profit out of an orange, the fruit and peel being sold separately, the latter being eaten both fresh and dried. The pedestrians, those on small ponies, the chair bearers, the fish and vegetable hawkers, women working with babies strapped on their backs, children carrying heavy burdens suspended on bamboo poles supported on their shoulders, made one great moving mass of hard-working people, with earnest faces, each intent on the business in hand—all without mishap, no collision, no disturbance.

The dismantled temples which had been centres of active disturbance were all guarded by soldiers.

In the morning I went ashore to see Hong Kong. There is a train that takes you to the top of the peak, which is the European quarter. There are no Chinese allowed, except as servants. The trip is very much like a scenic railway—at each turn there is a new view of the beautiful harbor and the surrounding hills. There were fine private residences, two hospitals, and what looked like soldiers' barracks, everything delightfully clean and well-kept.

We are now riding the waves through the Straits of Formosa. The decks are deserted, and the social halls crowded. On New Year's Day we are due in Nagasaki, and if anybody has any money left, Japan will get it.

CHARLOTTE EHRLICHER.

#### THE R. N. AS A REAL PROTECTION TO OUR PROFESSION

DEAR EDITOR: As far as I know, no law has yet been passed, that would actually distinguish the "registered nurse" from the experienced nurse, so that the R. N. would be a real protection to the nursing profession. Even so, the R. N. has somewhat raised the standard in two instances and that is, in institutional and civil service work; for all executive positions of that kind the R. N. is now a requirement.

But when it comes to private nursing, conditions are just as bad as many years ago, at least for nurses who are graduates of hospitals of smaller towns or foreign countries. If those nurses really want work they are still compelled to live in those private registries, where many of the inhabitants figure as trained nurses, but are none, and those registries are far more busy than our

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"Central Registry" is. Still all kinds of women are employed under the name of "trained nurse," such as graduates of a nurses correspondence school, women who have had a few months' experience in a private sanitarium, and sometimes only in a doctor's office. Those women are employed at full pay, and in cases of serious illness, and the families are made to believe that their loved ones are in the best care of a competent fully-trained nurse.

I do not think that any law would alter those conditions, doubtless the law would be a dead one, but I feel absolutely sure that we ourselves could check those outrages in a comparatively short time by explaining the meaning of the R. N. to the public. In many cases we do not get a chance to discuss this important theme, but if every "registered nurse," when on duty, would wear a pin or a badge with the R. N. (and the number of her registration diploma, which could be very small or engraved on the back), the public's attention would be roused and we would get a better opportunity to make the people acquainted with the R. N. Very soon the families would understand that the registered nurse, who has sacrificed three long years of earnest study and hard work to prepare herself for her responsible duties, can give better care to their sick than the previously mentioned women, who are frequently and recklessly put in the place of a competent registered nurse. All that is necessary is to get the public used to look for the R. N. badge or pin and no longer will they pay the price of the real thing for a poor substitute.

Naturally those conditions are of no personal interest to nurses who are graduates of large training schools and have a well-established registry. Just the same, a number of them, who are unselfish women with a strong feeling for justice, have helped to bring about an action to improve the conditions by establishing the "Central Registry," which can only become a success after the R. N. has taken its place before the public.

The R. N. badge or pin could be protected against misuse in the same manner as a trade mark.

P. D. N.

[*An Excellent Suggestion.*—Reforms to be lasting must be worked out slowly. State Registration is in its infancy—the constructive period. Each nurse who supports a Central Registry rather than a commercial one helps to solve this problem. Ed.]

#### MISLEADING ADVERTISEMENTS

DEAR EDITOR: The newspapers of the smaller towns throughout the country are frequently solicited to insert reading advertisements for the Philadelphia School for Nurses, located at 2219 Chestnut Street, Philadelphia, and as it poses as a beneficent and charitable institution these advertisements are inserted free of charge.

The visitor of the Pennsylvania State Board of Charities in a report states: "Nothing to be seen worth reporting. No indication of lessons or instruction. Your visitor cannot commend this institution": and in a letter says: "This last, places this institution under the head of those we condemn absolutely in our printed report."

It is advisable that the public should know that the young women who enter this school as pupils are sent out after having had the most meagre instruction from incompetent instructors, to nurse in private families for money, eighty per cent. of which is returned to the school treasury. They receive no bedside instruction nor are they under the direction of skilled and competent teachers.

The Chief of the Bureau of Health, in his report to the Director of Health and Charities of the City of Philadelphia, says: "I feel that it is an imposition on the public to allow this class of nurses to practice their profession, as the following circumstances connected with these cases of typhoid fever prove conclusively to my mind that these nurses are not properly trained to be intrusted with the noble work of nursing the sick."

The graduates of this school are not accepted by the American National Red Cross Society, nor the Nursing corps of the Army and Navy; they are not admitted to the Directory for Nurses connected with the College of Physicians, Philadelphia, nor are they recognized by the Pennsylvania State Board of Examiners for Registration of Nurses.

I have given you this information for the reason that poor and ambitious young women, attracted by the advantages set forth in the free advertisements inserted in the newspapers all over the country, with great effort travel long distances to attend this school, in the hope of becoming trained nurses, only to find after entering that they are giving their time and work to an institution which does not educate and equip them for the profession of nursing.

In the interest of these young women of your locality I would ask that you give this statement as much publicity as possible.

WILLIAM S. HIGBEE, M.D.

President of the Pennsylvania State Board of Examiners for Registration of Nurses.

Philadelphia, Penna.

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# NURSING NEWS AND ANNOUNCEMENTS



## NATIONAL

### THE NATIONAL CONVENTIONS

THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES will hold its annual meeting in the Auditorium Hotel, Chicago, June 3, 4, and 5.

THE AMERICAN NURSES' ASSOCIATION will hold its fifteenth annual convention in the Auditorium Hotel, Chicago, June 5, 6, and 7. All meetings are open to nurse visitors as well as to delegates.

### REPORT OF NURSES' RELIEF FUND, MAY 1, 1912

Previously acknowledged .....	\$1648.54
Monroe County Registered Nurses' Association, Rochester, N. Y. ....	10.10
Graduate Nurses' Association State Pennsylvania .....	50.00
Colorado State Nurses' Association .....	10.00
Graduate Nurses' Association of Texas .....	10.00
Wisconsin State Nurses' Association .....	25.00

\$1753.64

#### Disbursements:

Exchange on checks .....	\$1.20
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Balance May 1st, 1912 .....	\$1752.44
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All contributions should be sent to Mrs. C. V. Twiss, Treasurer, 419 West 144th Street, New York City, N. Y., and checks made payable to the Farmers' Loan & Trust Company, N. Y.

Address all inquiries to L. A. Giberson, R.N. Chairman, S. E. Cor. 33d Street & Powelton Avenue, Philadelphia, Pa.

### REPORT OF ISABEL HAMPTON ROBB FUND TO MAY 15, 1912

Previously acknowledged .....	\$10,273.30
Nurses' Alumnae Association of The Presbyterian Hospital, in the City of New York .....	500.00
Alumnae Association of the Louisville City Hospital, Louisville, Kentucky .....	10.00
Michael Reese, Nurses' Alumnae Association, Chicago, Ill. (Sustaining) .....	10.00
Miss Margaret A. Dunlop, Superintendent of Nurses, Pennsylvania Hospital, Philadelphia, Pa. (Sustaining) .....	5.00
Wisconsin Association, Graduate Nurses .....	10.00
Salem Hospital Alumnae Association, Salem, Mass. ....	10.00
Newton Hospital Nurses' Alumnae Association, Newton Lower Falls, Mass. ....	5.00
Grace B. Cook, 1364 East 81st Street, Cleveland, Ohio. (Sustaining) ..	2.00

Nurses' Alumnae Association, Royal Victoria Hospital, Montreal.....	30.10
Idaho State Association, Graduate Nurses, Boise, Idaho .....	50.00
Leola Steele, 406 Orleans Street, Natchez, Miss. (Sustaining).....	2.00
The Visiting Nurse Club, Cleveland, Ohio (Sustaining) .....	25.00
From sale of Robb Memorial Calendars, through Miss Marie A. Pless, New York City .....	14.50

Total ..... \$10,946.90

All contributions should be sent to Mary M. Riddle, Treasurer, Newton Hospital, Newton Lower Falls, Massachusetts, and all drafts, money orders, etc., should be made payable to the Merchants' Loan & Trust Co., Chicago.

MARY M. RIDDLE, R.N., Treasurer.

#### NEW HAMPSHIRE

THE NEW HAMPSHIRE STATE BOARD OF REGISTERED NURSES at its regular semi-annual meeting elected Ida F. Shepard of Hanover, president, in place of Blanche M. Truesdell who had been president of the board since its organization but who, having left the state, was not eligible for re-election. Elizabeth Murphy, of Concord, was elected to fill the vacancy on the board.

#### MAINE

THERE has been a great deal of interest shown this year by the Maine General Hospital Alumnae Association of Portland, Me. Very interesting papers have been presented during the winter, and several social evenings have been enjoyed at the homes of the members.

At the May meeting, an illustrated lecture on Dr. Grenfell's work in Labrador was given by Mrs. Filmore, a former worker in that field but now doing district work in connection with the tuberculosis class.

The bi-annual reunion of the alumnae will be held at Riverton in June, and a very enjoyable occasion is anticipated.

MISS MARY E. KNIGHT, Maine General Hospital, 1898, was married at Modesta, California, April 8, 1912, to Samuel Ernest McCray.

Miss Knight was connected for some time previous to her marriage with the Modesta Sanitarium, Cal.

THE SECOND GRADUATION FOR NURSES from the Children's Hospital, Portland, Me., was held at the Hospital Gymnasium May 3, at 8 P.M. An interesting program was enjoyed and a reception for the nurses followed.

There were eight in the graduating class: Mary G. McMahon, Waterville; Evelyn Dearborn, Waterville; Marjory Church, Lowell, Mass.; Louise LeCfair, Gardiner; Lila Doughty, Lisbon Falls; Mabel Utecht, Topsham; Mabel Bent, Haverhill, Mass.; Alice Whelan, Berlin, N. H.

MISS MARGARET HUGHES, the Children's Hospital, 1911, has accepted a position as district nurse in tuberculosis work at Waterville, Me.

THE GUILD OF ST. BARNABAS of Portland, Me., has started a benefit fund for sick nurses. Various entertainments have been given during the winter, from which a good sum has been obtained for the fund.

#### MASSACHUSETTS

THE MASSACHUSETTS STATE NURSES' ASSOCIATION will hold its tenth annual meeting on June 11, at 3 P.M., in the New England Women's Club, Copley Square, Boston. The program gives promise of more than ordinary interest. The

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attendance should be large. David Snedden, PH.D., Commissioner of Education for Massachusetts, will address the meeting on the value of Vocational Training. Prenatal work, the value of organization, school nursing, care of sickness in the home, and the superintendents' section, will be discussed. Revision of the constitution will be the principal business transacted. The Superintendents' Section of the State Association will convene at 2 P.M. in the same hall, on the same date.

**Malden.**—MALDEN HOSPITAL held graduating exercises for the class of 1912 in Esther Hall of the Brown Building on April 18. Hon. Arthur H. Wellman conferred diplomas upon the eight graduates. The addresses were made by Mary M. Riddle, superintendent of Newton Hospital, and by Dr. F. A. Hodgdon. A tea followed the exercises. Charlotte M. Perry is superintendent of the school.

#### CONNECTICUT

THE GRADUATE NURSES' ASSOCIATION OF CONNECTICUT held its annual meeting on May 1, at The Mellone, Center Street, New Haven, with a large attendance of nurses. The meeting was most interesting, reports being read reviewing the work done during the past year. It was proposed that the Association build and maintain a shack at one of the local sanatoriums to care for any of the members who may have incipient tuberculosis, and a committee was appointed to look into the matter and see what can be done. After the meeting was adjourned, the second annual dinner was held, with thirty-seven nurses present. The officers are: president, Mrs. Isabella A. Wilcox, (Connecticut Training School); vice-presidents, Mrs. Winifred Ahn Hart (Boston City Hospital), Alice H. McCormac (Hartford Hospital); secretary, Mary C. McGary (Hartford Hospital), 31 Wethersfield Avenue, Hartford; treasurer, Helena Kelly (Bridgeport Training School).

#### NEW YORK

**New York.**—ROOSEVELT HOSPITAL held graduating exercises of the class of 1912 of the training school for nurses in the amphitheatre of the Syms Operating Building on the evening of May 10. There were twenty-five graduates. A reception in the administration building followed the exercises.

THE PRESBYTERIAN HOSPITAL held commencement exercises for the class of 1912 of the School of Nursing, at Florence Nightingale Hall, on the evening of May 16. There were twenty-nine graduates. A reception followed the exercises.

CAROLINE ENDRES, a graduate of St. Luke's Hospital, is one of the fortunate survivors of the Titanic disaster. Amy M. Hilliard sailed for the continent in May. Miss Worcester, class of 1911, has accepted a position in the Church Hospital, Orlando, Florida. Miss Vanderbilt of the same class is holding a position in the out-door obstetrical department of Lakeside Hospital, Cleveland.

THE METROPOLITAN HOSPITAL TRAINING SCHOOL FOR NURSES held commencement exercises on the evening of May 23, at the training school, Blackwell's Island.

**Brooklyn.**—THE KINGS COUNTY HOSPITAL TRAINING SCHOOL ALUMNÆ ASSOCIATION OF NURSES held a regular meeting on March 8, at the hospital. After the transaction of business, a very interesting talk was given by Mrs. Stevenson, of the local Red Cross committee, on Red Cross Work. The members of the class of 1912 were present, and a social hour followed the meeting. The first annual dinner of the alumnae was held at Silsbee's on the evening of April 15.

**THE LONG ISLAND COLLEGE ALUMNÆ ASSOCIATION** held its annual meeting on April 16, when the following officers were elected: president, J. E. Wiley; vice-presidents, M. A. Hoge, M. Ainslie; treasurer, M. Fraser; corresponding secretary, I. E. McKee, 182 Amity Street; recording secretary, E. V. Toupet; director, E. A. McCarthy. Fourteen new members were added during the year.

**THE KINGS COUNTY NURSES' ASSOCIATION** held a meeting on May 7, at the Medical Building, 1313 Bedford Avenue, with a very large attendance. Five new members were added. It was decided that the association join the American Nurses' Association. After the business meeting a very interesting lecture was given on "Prophylaxis in Insanity" by L. E. Bisch, A.M., Ph.D., of the staff of the Manhattan State Hospital. The meeting adjourned to meet the first Tuesday in October.

**White Plains.**—**THE WHITE PLAINS HOSPITAL TRAINING SCHOOL FOR NURSES** held graduation exercises at the Nurses' Home, on April 19. Four nurses graduated. An interesting address on the duties of the nurse in the private home, was given by Dr. Alice G. Bugbee, which was followed by an address by Dr. W. L. Russell, of the Bloomingdale Hospital, wherein he urged the advisability of the graduate nurse taking a post-graduate course in the nursing of the insane. A reception followed the exercises.

**Troy.**—**THE SAMARITAN HOSPITAL ALUMNÆ ASSOCIATION** held its annual meeting in the Thurman Home on March 18, with an attendance of forty-five members. Reports of secretary and treasurer were read and approved. A discussion followed in regard to raising funds to endow a room for sick nurses in the new hospital which is soon to be started. All seemed enthusiastic, and during the meeting \$1300 was pledged. It is hoped that the full amount required will be in hand by the time the new hospital is completed.

**Saratoga Springs.**—**HATTIE A. SITTON**, who has been night supervisor of the Saratoga Hospital, has been appointed assistant superintendent in place of Bertha E. Tripp, who resigned the first of May. Miss Sitton is a graduate of Henrietta Hospital, East St. Louis, Ill. and post graduate of General Memorial Hospital, New York City.

**Schenectady.**—**THE REGISTERED NURSES' CLUB** held its regular monthly meeting on May 3, at the Physicians' Hospital, Barbara Hunter, R.N., entertaining. The central registry committee gave a very favorable report, showing an increased patronage. The dance given by the club for the benefit of the registry was a great success. Susie Nebr, R.N., in charge of the current topic department, gave a well-prepared paper on the new work of the profession along the lines of social service, public health, school work and insurance nursing. A municipal milk station was recently opened and is in charge of Catherine Quinlin, R.N. Under the auspices of the club, Isabel Stewart, R.N., of Columbia University, New York City, spoke to the students in the Schenectady High School regarding nursing as a profession and the preparation necessary for those who wish to take up the work. Dr. Geo. W. Bates gave an informal talk on his personal experiences with nurses and related interesting incidents of the profession during the Civil War.

**Rochester.**—**THE MONROE COUNTY REGISTERED NURSES' ASSOCIATION** and several of the alumnae associations of the training schools of the city, have endorsed the resolutions recently adopted by the League for Nursing Education of New York City.

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**Buffalo.**—ANNA L. ALLINE has resigned her position as superintendent of the Homœopathic Hospital, and will take a long rest before entering upon other duties.

#### NEW JERSEY

**Trenton.**—GOVERNOR WILSON has appointed the members of the State Board of Examiners for Nurses in accordance with the bill passed at the session of the legislature. The members of the Board are as follows: Mary E. Rockhill, Camden, 3 years; Frances A. Dennis, Sussex, 3 years; Jennie M. Shaw, Essex, 2 years; Florence Dalkins, Passaic, 2 years; Marietta B. Squire, Essex, 1 year.

One of these will be chosen as president, and one as secretary-treasurer. There is no provision at present for an inspector of training schools as that was not included in the title of the bill, and was therefore eliminated from the body of the act. Under the law, the first meeting of the Board will be held at Trenton on June 18th, at which time officers will be elected and preliminary business transacted.

**Morristown.**—THE MEMORIAL HOSPITAL held graduating exercises on May 9, which were followed by a dinner, given by the Association of Graduate Nurses, at which Miss McKnight, superintendent of the Hospital, and Mrs. F. W. Merrell were the guests of honor. The Association is planning to raise a fund for the endowment of a room in the institution. Five nurses were presented with their diplomas.

**Orange.**—ELEVEN STUDENT NURSES compose the graduating class of 1912 of the Orange Memorial Hospital Training School. The exercises were held April 28, in the small Assembly Hall of the Woman's Club, East Orange, which was crowded to overflowing. Dr. Hamilton W. Mabie made a most delightful address, Dr. Mefford Runyon following with an address on "Loyalty in Small Things," and Mrs. Runyon presented the diplomas with a few earnest words that will not be forgotten by those to whom they were addressed. Some fine music was enjoyed, followed by dancing and refreshments.

**Newark.**—THE NEWARK CITY HOSPITAL ALUMNÆ tendered a reception and dance to the class of 1912 on the evening of May 6 in the nurses' home. About one hundred members and friends spent a very enjoyable evening. This dance is regarded as a reunion and is given yearly. The Hospital held graduating exercises in Wallace Hall on the evening of May 22. It was the twenty-fourth annual commencement, twenty-six young women received diplomas.

#### DELAWARE

THE BOARD OF EXAMINERS FOR REGISTERED NURSES OF THE STATE OF DELAWARE will hold examination of applicants for registration on Monday, June 3. For information, apply to the secretary, Anna M. Hook, R.N., 822 West 9th Street, Wilmington.

#### PENNSYLVANIA

**Philadelphia.**—THE PHILADELPHIA CLUB FOR GRADUATE NURSES held its annual meeting on April 29. The officers elected were: president, Mrs. Virginia Taylor; vice-presidents, Misses Lafferty, Ayers, and Neeb; corresponding secretary and treasurer, Mrs. Edith Shurtleff; recording secretary, Miss Shallcross. Eighteen new members were enrolled during the year, graduates of sixteen different hospitals. The total number of members is 176.

THE BOARD OF MANAGERS OF THE WOMEN'S SOUTHERN HOMOEOPATHIC HOSPITAL provided an excellent programme for commencement exercises on April 18. Amelia L. Hess, M.D., and Ida V. Reel, M.D., each made a fine address. The president, Mary Bronson, M.D., presented the diplomas to the three graduates.

THE ALUMNÆ ASSOCIATION OF THE TRAINING SCHOOL FOR NURSES OF THE HOSPITAL OF THE PROTESTANT EPISCOPAL CHURCH IN PHILADELPHIA gave a reception to the class of 1912 on the evening of May 22, at the Graduate Nurses' Club House. There were eighteen nurses graduating. Three delegates will represent the association at the convention of the American Nurses' Association, Lucy Glover and Jeannette Lyons from Illinois, and Maude Mutchler from Philadelphia.

THE WOMAN'S COLLEGE HOSPITAL graduate nurses met on April 17 and organized an alumnae association with the following officers: president, Adah M. Mears; vice-president, Mae F. Bengé; treasurer, Elizabeth Oechsler; secretary, Grace M. Robson. After the business meeting a social hour was enjoyed. On May 24 a dance was given in the College Gymnasium, the proceeds of which will be used to start the alumnae endowment fund.

JENNIE A. MANLY, a graduate of the Presbyterian Hospital, who has been for eleven years nurse of the medical and baby wards of the Children's Hospital, has opened a sea-shore residence for convalescent or ailing infants and children at Atlantic City. Her new work has the endorsement of many of the leading physicians of Philadelphia.

THE regular monthly meeting of the Alumnae Association of the Philadelphia General Hospital was held on May 6, in the Nurses' Home, Miss M. L. Van Thuyne presiding. There were thirty members present.

The following were elected for membership: Misses Elizabeth Hodges, Sarah Rodgers, Agnes Marren, Cora Bailey, Elva Heffelfinger and Mrs. Fee. Mrs. Warmuth gave an interesting account of the Holman Association. Miss Lewis read communications from several real estate men offering inducements to the association to start their Memorial Home.

Mr. Alexander M. Wilson, assistant director of the Department of Health and Charities, gave an interesting and instructive talk on social service work, particularly as might be carried on in connection with the work of the Philadelphia General Hospital. He made a strong plea to interest the alumnae and also gave promise that the social work there would be started within this year. Although there is no appropriation for such purpose, it is hoped that some philanthropic persons would finance such work. This message was received with great interest by all.

Refreshments were served and the society adjourned to meet Monday, June 17.

**Pittsburgh.**—THE MERCY HOSPITAL NURSES' ALUMNÆ ASSOCIATION held its annual meeting in the lecture room of the hospital on April 25. Twenty-eight members were present, and twenty-one new members were received. Officers were elected and arrangements made for the euchre and dance given at the Hotel Schenley on May 1.

#### MARYLAND

**Baltimore.**—THE JOHNS HOPKINS HOSPITAL SCHOOL FOR NURSES held graduating exercises on May 23 in the Physiological Building of the hospital. There were thirty-seven graduates. The report of the school was given by the principal,

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Miss Lawler; the address by Dr. John M. T. Finney. The diplomas were distributed by the superintendent of the hospital, Dr. Winford H. Smith. Judge Henry D. Harlan, president of the board of trustees, awarded the following scholarships: Senior Year: To pursue post-graduate study and special work in the Johns Hopkins Hospital, or at Teachers College, New York, Anna Eleanor Macdonald, Washington, D. C. Third year of holding. Intermediate Year: Margaret Sinclair, Fairmount, Minn.; Mary Stuart Smith, Perryman, Md. Second year of holding. Mary Edith Lomax, Broken Bow, Neb. Second year of holding. Jessie Rogers, Milwaukee, Wis. Junior Year: Helen Wray, Reedsville, N. C.; Theresa Kraker, Newark, N. J.; Miriam A. Ames, Toronto, Can.; Bertha E. Weisbrod, Baltimore, Md.

#### NORTH CAROLINA

THE BOARD OF EXAMINERS OF TRAINED NURSES OF NORTH CAROLINA will hold its ninth annual meeting in Charlotte, June 17, 18, 19, 1912.

Applications for state registration may be obtained from the secretary of the board and must be filed with the secretary fifteen days before the meeting.

ANNE FERGUSON, Secretary-Treasurer,  
Statesville, N. C.

#### KENTUCKY

**Lexington.**—MARY R. SHAVER, formerly superintendent of the Good Samaritan Hospital, has resigned her position in order to be at her home in Louisville with her sick father.

#### OHIO

THE OHIO STATE ASSOCIATION OF GRADUATE NURSES desires to call the attention of nursing organizations and of nurses in general to the National Conference of Charities and Correction to be held in Cleveland, Ohio, June 12 to 19. The topics announced for discussion are of great interest to nurses, topics upon which the majority of them need to be well informed in order to do their work in the world intelligently. Immigration; Standards of Living and Labor; Housing and Recreation; The American Red Cross; concern them very nearly, both as nurses and also as women and citizens.

The subjects presented by the committee on the Relation of Medical and Social Work have an especial appeal to nurses: Hospital Social Service; Visiting Nursing; Industrial Diseases and Accidents; Infant Mortality; Blindness; Insanity and Epilepsy; Important Social Diseases.

The Ohio Association wishes to call attention to the convenience of the date of this conference coming, as it does, the week after the nursing conventions in Chicago.

MARY E. GLADWIN,

President Ohio State Association of Graduate Nurses.

**Akron.**—THE CITY HOSPITAL AND TRAINING SCHOOL FOR NURSES held commencement exercises of the classes of 1911 and 1912 on the evening of May 8 at the First Presbyterian Church. There were thirteen graduates. Addresses were made by Dr. J. H. Seiler and Dr. S. N. Watson. The diplomas were presented by Mr. Ohio C. Barber.

**Cleveland.**—LAKESIDE HOSPITAL held commencement exercises of the twelfth graduating class of the training school for nurses in the hospital building on

May 24. The report of the school was given by Miss M. A. Samuel, the principal; the address to the graduating class by President Charles F. Thwing, of Western Reserve University. Mr. Samuel Mather, president of the board of trustees, presented the diplomas and prizes. There were twenty-two graduates. A reception followed the exercises at the Flora Stone Mather Memorial Nurses' Residence.

#### MICHIGAN

THE FOLLOWING CHANGES HAVE BEEN MADE IN THE OFFICERS OF THE MICHIGAN STATE BOARD OF REGISTRATION OF NURSES: Mrs. Elizabeth Tacey, R.N., president, Detroit, Mich.; Jennie A. Leece, R.N., vice-president, Traverse City, Mich.; Robert L. Dixon, M.D., secretary, Lansing, Mich. Other members are: Arthur W. Seidmore, M.D., Three Rivers, Mich.; Mrs. Susan Fisher Apted, R.N., Grand Rapids, Mich.

**Detroit.**—HARPER HOSPITAL held the annual commencement of the Farrand Training School on the evening of May 9 in the Twentieth Century Club Building. There were eighteen graduates. A reception followed the exercises.

THE SOLVAY GENERAL HOSPITAL held its sixth graduating exercises at the Solvay Lodge on the evening of May 15. There were eight graduates. The address was made by David Inglis, M.D. The diplomas were presented by Mr. F. R. Hazard, president of the board of trustees, and the badges by Mr. Antonio C. Pessano, chairman of the training school committee.

#### WISCONSIN

THE COMMITTEE OF EXAMINERS OF REGISTERED NURSES met in Madison at the office of the State Board of Health, April 23. The members were much disappointed not to issue certificates of registration to those who have been accepted as registered nurses, but the lithographers who are preparing the certificates failed to have them ready. The Committee will meet again in June, and all nurses who at that time have been accepted will receive their certificates.

It is hoped that those who are in charge of schools in Wisconsin will fill out the hospital and training-school blanks sent to them as quickly as possible.

The secretary of the Examining Committee will be absent from the State until about the middle of June. During her absence Miss Mary Stoeber, 927 West Washington Avenue, Madison, will be acting secretary.

AT THE APRIL MEETING OF THE WISCONSIN ASSOCIATION OF GRADUATE NURSES, the expediency of sending a nurse experienced in organization work, through the state to assist in forming county societies was discussed, and the consensus of opinion was, that while the plan was excellent, the time was unfavorable, the summer months being less desirable for such work than the autumn and early winter.

All agreed that County Societies would do much to keep up the enthusiasm of the nurses which might otherwise flag, now that the State Association having accomplished its most important object, i.e., state registration is to hold quarterly meetings instead of monthly, as in the first years of its existence.

The County Societies could deal with the social and educational problems peculiar to each locality, thus leaving the time of State meetings free for the discussion of matters of more general interest.

A free expression of opinion is invited by the Committee in charge of this

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matter, and nurses throughout the State are requested to send suggestions to the secretary, also to come to the July meeting prepared to discuss this subject thoroughly.

## ILLINOIS

**Chicago.**—THE CHICAGO POLYCLINIC SCHOOL FOR NURSES held graduating exercises for the class of 1912 at Henrotin Memorial Hospital on the afternoon of May 15. Ten nurses received diplomas. On May 16, Miss Stewart, the superintendent, entertained the class at her cottage in Glencoe. The resignation of Miss Wolfenden, superintendent of the hospital, has been accepted with regret. She was succeeded on June 1 by Miss Mundhenk, class of 1905. The position of night supervisor was filled on March 20 by the appointment of Miss McKnight, class of 1905, St. Luke's Hospital. The nurses of the training school have formed a club. They first studied parliamentary law, and have had interesting talks from Miss Sears on United Charities; Miss Walsh, Social Service Work; Miss Foley, Visiting Nurse Work,—all giving them an inspiration for better work.

HAHNEMANN HOSPITAL ALUMNÆ ASSOCIATION entertained the graduating class in the nurses' home on the evening of April 27. The graduates attended in character costumes. The graduating exercises for the class of fourteen were held on May 2. A reception followed the exercises.

Katherine and Margaret Griffin have returned from Panama. Edith Harrold, class of 1910, has gone to Albuquerque, New Mexico, for an indefinite period. Ellen Persons will spend the summer abroad. Fannie Wiley has a hospital position in Honolulu.

THE CHICAGO HOSPITAL TRAINING SCHOOL FOR NURSES ALUMNÆ ASSOCIATION was reorganized on April 3. Mrs. Mary E. Johnson, class of 1908, has been appointed superintendent of nurses, Oak Forest Infirmary.

MERCY HOSPITAL NURSES' ALUMNÆ ASSOCIATION held its annual business meeting May 3, in the nurses' home, with thirty members present, the president, Sister Mary Ignatius, presiding. The treasurer reported \$500 added to the sick benefit fund by sale of chances on the oil painting so kindly donated to the alumnae by St. Xavier's Academy. The following delegates were elected to represent the association at the American Nurses' Association: Sister Mary Ignatius, R.N., and Anna Hannrahan, R.N.

Ellen Gallagher, class of 1910, has accepted the position of superintendent of The Newell Sanatorium, Chattanooga, Tenn. Gertrude Soens, class of 1910, has taken the position as surgical nurse in the Eckley Hospital, Chattanooga.

HELEN W. KELLY, class of 1895, Illinois Training School, has resigned her position as superintendent of the Milwaukee County Hospital, Wauwatosa, Wis., and will go abroad for the summer. She is succeeded by Mary E. Good, class of 1905. Clara Gadde, class of 1911, has resigned as surgical nurse at the Mary Thompson Hospital to take a similar position at the Glenville Hospital, Cleveland. Harriet Chapman, class of 1910, has taken a position as surgical nurse in the Evanston Hospital, Evanston.

THE PASSAVANT MEMORIAL TRAINING SCHOOL FOR NURSES held its annual commencement on the evening of May 23, at Trinity Lutheran Church, ten nurses graduating. Addresses were made by Rachel Yarros, M.D., and by John Timothy Stone, D.D. Dr. Samuel J. Walker presented the diplomas; Eliza Conde Glenn, superintendent of nurses, announced the scholarships.



## INDIANA

THE INDIANA STATE SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES was held at the Home Hospital, LaFayette, on the afternoon of April 23, the president, Ethel Chisholm, of the Union Hospital, Terre Haute, in the chair. The address of welcome was given by Miss F. E. Knecht of Home Hospital; the response by Miss Horn, of the Methodist Episcopal Hospital, Indianapolis. An excellent paper on "Some of the Problems of Training School Superintendents" was read by Miss Logan, of Hope Hospital, Ft. Wayne. Some of the most interesting discussions brought out by the question box were on Uniform Rules for Admission of Pupils, How to Make the Nurses' Training More Attractive to the High School Graduate, and The Development of the Social Side of the Nurses' Life in the Home. An address on Woman's Suffrage was given by Mrs. Henrietta Calvin, professor of household economics, Purdue University. An informal reception followed the meeting.

THE INDIANA STATE NURSES' ASSOCIATION held its ninth semi-annual convention in LaFayette, April 23 and 24, in the Second Presbyterian Church. Beautiful weather prevailed. Hon George R. Durgan, mayor of the city, gave hearty greetings. Mae D. Currie, of Indianapolis, responded in a pleasing manner. The president, Dr. McConnell, in her address, spoke of the white and black plagues which caused loss of life greater than that from the wreck of the Titanic. Our weapons for fighting disease are education and right living. She spoke of the good that has been accomplished by the AMERICAN JOURNAL OF NURSING. The association voted to make the JOURNAL its official organ. The association has become affiliated with the Federation of Clubs. The members were fortunate in hearing an address by Mrs. Emma Mont McRae, professor of English Literature, at Purdue University, on The Art of Living and Working. The keynote of her theme was that work is ennobling if looked at in the right way. The world is full of beautiful things, but we must train our minds to look for them. The biography of great people should be read by all. Do not do a thing because you can't do anything else; have a purpose. Professor Severance Burrage presented the topic of "Tuberculosis and Red Cross Work in Indiana," in a very interesting manner. He stated that the tuberculosis fund in the state is to be used in establishing camps rather than in looking after an individual case here and there as heretofore.

At the close of the afternoon session the nurses were given a 'delightful trolley ride over the beautiful city and out to the old battle ground and Soldiers' Home. In the evening a reception was given in the Y. M. C. A. building by the Tippecanoe County Medical Society, followed by a play by members of the local graduate nurses' association.

On Wednesday, April 24, at 9.30 A.M. an executive session was held. A vacancy on the State Board of Examiners occurred by the resignation of Miss L. M. Cox. The credential committee presented the names of eleven desiring membership. Bessie C. Graham, of South Bend, was elected delegate to the American Nurses' Association, with Frances M. Ott, of Morocco, as alternate. It was decided that the association as a body should give \$25 to the Nurses' Relief Fund, and that each member should give \$1 a year for three years. Thirty-one pledged their first dollar, and all but two paid. It was decided that if the question of suffrage is brought up at the national meetings, this association should endorse woman suffrage. It was also decided that from now

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on, only the railway fare to the convention should be paid in sending a delegate. The Red Cross Committee reported 43 nurses enrolled and 3 applications. Good reports of local work were given by the delegates from South Bend, Indianapolis, Richmond, LaFayette, and Terre Haute.

Dr. Oliver P. Terry, professor of physiology, Purdue University, gave an instructive talk on Vaccines. Mrs. M. C. Peeke gave an interesting paper on the Visiting Nurse and the Boarding House. Susan Kissell, of Indianapolis, gave a talk on Education, a Preventive of Mortality; and the concluding paper was on The Nurse in the Community, by Frances M. Ott.

It was decided that copies of Professor Winslow's paper be mailed to the speakers of this convention and to the presidents of medical societies. Suitable resolutions of appreciation were adopted. The matter of representation at the Herron Art Institute was held over till another meeting. Those who attended the convention felt amply repaid in doing so. Sixty-eight registered. The fall meeting will be held in Indianapolis. In the absence of the secretary, Minnie Marples, of Cambridge City, acted as secretary pro tem. This is the second time that LaFayette has entertained the State Association.

**Indianapolis.**—THE PURE MILK STATIONS are being opened by the Children's Aid Association.

The city has been divided into four districts, with a graduate nurse to each district. Susan Kissell is the Chief Nurse and will make all the modifications; her assistant are Misses Hay, Speckman, Medlin and McGary. There will be ten distributing stations, and a clinic at the C. A. Rooms, four times per week. The association hopes to carry on the good work the entire year, instead of four months as formerly. Over 500 children were cared for last year, 100 being carried through this last winter.

THE METHODIST EPISCOPAL HOSPITAL held its graduation exercises on May 21, in St. Paul's M. E. Church, in North Indianapolis. Rev. G. W. Switzer, of LaFayette, Ind., and Dr. E. D. Clark made the addresses of the evening. Ten graduated. A reception in the church parlors followed the exercises. There was a dinner given by the class to the officers of the hospital on May 17, at the Claypool, and a luncheon to the class by the Alumnae Association, on May 22, at the same hotel.

The M. E. Hospital expects to open the new wing on June 1, which will accommodate 65 patients. Anna Carson, class of 1910, who has just returned from a course in Sloane Maternity, will have charge of the maternity work, and Miss Sutherland will be head nurse in the children's department.

**Seymour.**—THE SCHNECK MEMORIAL HOSPITAL closed its first year on March 23. One hundred and thirty-four patients had been admitted. The hospital and training school are under the supervision of Mrs. Florence McClelland, R.N., formerly of Louisville, Ky.

#### MISSOURI

THE MISSOURI STATE BOARD FOR THE EXAMINATION AND REGISTRATION OF NURSES will hold its next meeting in Springfield, June 26 and 27, 1912.

**St. Louis.**—ST. LUKE'S ALUMNAE ASSOCIATION held a regular meeting at the nurses' home on April 17, Miss Love presiding. Miss Love was chosen delegate to the American Nurses' Association. Margaret Holland, class of 1892, is in charge of Divisions E and C; Mance Taylor, class of 1908, of Division H; and

Florence Taylor, class of 1912, of the operating room of the hospital. Isabella Baumhoff, class of 1906, and Ella Ogden, class of 1904, have accepted positions at the City Infirmary. Mary Hainsworth, class of 1894, has charge of the Infectious Hospital. Miss E. W. Kidd is in tuberculosis work. Margaret M. McClure, class of 1902, is superintendent of the Visiting Nurse Association; Sallie Taylor, class of 1899, is on its staff; Louise C. Dierson, class of 1900, is doing school nursing; Addie L. DeFoe, class of 1904, is social service nurse for the Children's Hospital. Annie L. Rutherford, class of 1905, has charge of Flagner Hospital, St. Augustine, Florida. Gertrude F. Sloane, class of 1909, has charge of the operating room at St. Luke's Hospital, St. Paul, Minn. Myrtle Burford, class of 1908, has charge of Bonne Terre Hospital, Bonne Terre, with Lulu M. Lacy, class of 1906, in charge of the operating room, and Alice Salter, class of 1911, as night superintendent.

**Kansas City.**—THE GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES held its fourth annual commencement on the evening of May 23, at the hospital, for a class of eleven, which had chosen for its motto, "Be the Best." Addresses were made by Mayor Henry Jost and Bishop Sidney C. Partridge, D.D. The diplomas were presented by Dr. L. M. Luscher, and the school pins by Harriet Leck, R.N. On the day following the exercises the alumnae association held its annual meeting. Earlier in the week there had been a commencement sermon by Dr. Charles R. Nisbet at the Central Presbyterian Church, a luncheon to the mayor and hospital board, and class day exercises.

#### KANSAS

**Larned.**—CARRIE I. SCHROPE, class of 1908, Larned Hospital, who took post-graduate work at the County Hospital, Chicago, and who has been engaged in private duty nursing, has given up her duties for a time to take a needed rest in California.

**Wichita.**—THE thirteenth annual commencement exercises of the Wichita Hospital and Training School for Nurses, Wichita, will be held at the First Baptist Church the evening of May 15. A class of nine will complete the course.

The regular monthly meeting of the graduate nurses' association of Wichita was held May 8 in the Schweiter Building. A paper on "Cerebrospinal Meningitis" was read by Miss Jordan. A committee of five was appointed by the president to nominate candidates for the annual election of officers at the June meeting.

#### NEBRASKA

THE DATES FOR STATE BOARD EXAMINATIONS have again been changed. They will be held in the Library Building, Omaha, June 10 and 11; and in the Senate Chamber, Lincoln, June 12 and 13.

THE NEBRASKA STATE ASSOCIATION held a meeting in Jacob Hall, Parrish Building, Omaha, on April 16. The entire day was devoted to business. Lunch was served at noon at the Rome Hotel. Victoria Anderson resigned as president, as she is soon to leave the state. The position will be filled by the vice-president until the time of the regular election. The association voted a tribute to the late Clara Barton. It was decided to subscribe \$50 a year for three years to the Nurses' Relief Fund, and to adopt the AMERICAN JOURNAL OF NURSING as the official organ. The Red Cross Committee decided to make the state delegate,

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Miss Stuff, its delegate also to the convention. A delightful evening session with a good musical programme was well attended.

**Omaha.**—VICTORIA ANDERSON, formerly superintendent of nurses at the Methodist Episcopal Hospital, and president of the state association, will leave soon for the east. Miss Anderson has been doing private nursing since giving up her position.

**Lincoln.**—JEAN SIMS, who recently resigned her position as lady superintendent of the General Hospital, Medicine Hat, Alta, has accepted the position of lady superintendent of the Lincoln Hospital.

A FAREWELL RECEPTION was tendered to Lillian B. Stuff on the evening of April 30, and she was presented with a chafing dish as a token of appreciation of her work in the city.

#### NORTH DAKOTA.

**Grand Forks.**—THE NURSES OF NORTH DAKOTA met May 6 and 7, for the purpose of organizing a state association. The preliminary work had been faithfully carried on by the workers in the seventh district and it was due to their efforts that 168 members could be placed on the books. Among this number there were 64 training schools represented, distributed throughout 11 states of the Union, extending from California to New York. Four countries—Norway, Germany, Canada and England—are also represented. The association is proud to have among the charter members Mrs. M. E. Laurence of Kermit, North Dakota, who graduated from the Florence Nightingale Fund School for Nurses, St. Thomas Hospital, England, December, 1876. She was not able to be present on account of ill health. Her letter of greeting, however, will be remembered by all.

Monday morning the state association committee met and completed its work. Between the hours of 2 and 4, the nurses visited the University, its campus and buildings. From 4 to 6, tea was served at the Nurses' Club, 716 Chestnut Street. In the evening from 8 to 10 the Women's Civic League gave a reception to the Grand Forks and visiting nurses in the Commercial Club rooms parlors, which was enjoyed by all. Tuesday morning at 10 o'clock, the meeting was called in the auditorium of Wentworth Hall at the University. The constitution was adopted and officers were elected. At 12 o'clock automobiles arrived, provided by the visiting nurse committee, to take the visitors for an hour's ride. At one o'clock a luncheon was served at the Columbia Hotel, the members of the County Medical Society being the hosts. It was the first time in the history of the state that physicians and nurses met in this manner. Both doctors and nurses responded to toasts which called forth much laughter. It was voted by all present that meetings of this character should be repeated.

At three o'clock, the first annual meeting of the North Dakota State Nurses' Association was called to order in the Council Chamber of the City Hall. The programme was as follows:

Invocation.....	Rev. J. K. Burleson
Address of Welcome.....	Mayor M. F. Murphy
Response.....	Miss Louise Packenbush
Address by President of Society.....	Miss Bertha Erdmann
Address.....	President Frank L. McVey of the University
Address..	Dr. H. H. Healy on "Objects and Purposes of Organization Work"
Paper on the National Red Cross, read by.....	Miss Maud Sides

A general discussion followed and it was moved and carried that the first steps toward organization of Red Cross nursing service in North Dakota be taken up at once. The next place of meeting will be Fargo. The officers elected are: President, Bertha Erdmann, R.N.; first vice-president, Maud Sides, R.N.; second vice-president, Louise Hoerman; secretary, Emily Holmes Orr, R.N.; corresponding secretary, Emily Scripture, R.N.; treasurer, Ethel Stanford, R.N. At 6.30 P.M. the members of the state association were the guests of the Grank Forks County Nurses' Association at a banquet given at the University Commons.

UNIVERSITY: THE BULLETINS OF THE SUMMER SCHOOL LESSONS are ready and may be had by writing to the registrar. It contains the outline of courses offered for graduate nurses.

#### WASHINGTON

**Tacoma.**—THE PIERCE COUNTY GRADUATE NURSE ASSOCIATION, held its regular monthly meeting in the Nurses' Home of the F. C. Paddock Hospital, on May 6. Nellie Hunter, a member of the Board of Trustees, has left the city for an indefinite time, and Anna DuSold was appointed to fill the vacancy in the Board. There were no reports from the Sick and Courtesy Committees. Mrs. Etta B. Cummings, representative on the Pure Food Committee, gave an interesting account of the Committee's visit to some of the dairies near the city. In some the sanitary conditions were very good, and in others there was much room for improvement. The Committee also visited the bakeries conducted by some of the department stores, some of them were well kept, and others were not. The creameries visited in Tacoma were found to be in excellent condition, clean and sanitary. Edith Weller gave a report from the Parent-Teachers' Association Convention, held in Tacoma recently; it was most helpful and interesting. One of the noticeably good talks was given by a graduate nurse,—"A Practical Talk to Mothers." Mrs. Fletcher spoke of the cares and anxieties of looking after a city "Contagious Hospital," which nurses can appreciate more than those not directly in the work. Two new names were accepted for membership. Mrs. Etta B. Cummings, county delegate to the National Convention to be held in Chicago in June, received her instructions on the various subjects which will be brought before the Convention. It was moved and seconded that the county secretary receive an annual salary of twenty-five dollars. After adjournment there was a social hour.

#### CALIFORNIA

**Pasadena.**—THE PASADENA HOSPITAL SCHOOL FOR NURSES held graduating exercises on the evening of May 10, at the Shakespeare Club House. There were thirteen graduates.

#### BIRTHS

ON February 3, at Sandy Spring, Md., a daughter, to Dr. and Mrs. J. W. Bird. Mrs. Bird was Mary Wilson, class of 1908, Presbyterian Hospital, Philadelphia.

ON April 1, at Wichita Hospital to Mr. and Mrs. S. B. Waite of Marion, Kansas, a baby girl. Mrs. Waite was Josephine Winter, class of 1907, Wichita Hospital.

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ON April 18, in St. Louis, Mo., a son, to Dr. and Mrs. H. P. Graul. Mrs. Graul was Alice Haefner, class of 1910, Lutheran Hospital, St. Louis.

ON April 28, in St. Louis, a daughter, Alice Shirley, to Mr. and Mrs. M. Franklin. Mrs. Franklin was Rose Ostermeyer, class of 1902, Lutheran Hospital, St. Louis.

ON Easter Sunday, a daughter, to Mr. and Mrs. Sam Spalding. Mrs. Spalding is a graduate of St. Luke's Hospital, New York City.

#### MARRIAGES

ON December 15, 1911, Jane Farrar, class of 1907, Germantown Dispensary and Hospital, Philadelphia, to Henry A. Jaulse, of Washington, D. C.

ON March 15, Florence Hopkins, class of 1911, Germantown Dispensary and Hospital, Philadelphia, Penna., to Russell Bradley O'Neill.

ON March 27, in Savannah, Ga., Beulah Ray Smith, class of 1906, Park View Sanitarium, Savannah, to William J. Tulin. Mr. and Mrs. Tulin will reside in Letford, Ga.

ON March 28, in Savannah, Ga., Clara Alice Mathiack, class of 1904, Park View Sanitarium, to John F. Hennemeier. Miss Mathiack was formerly superintendent of Park View Sanitarium. Mr. and Mrs. Hennemeier will live in Savannah.

ON April 23, at Reading, Penna., Adelaide Louise Ermentrout, class of 1910, Presbyterian Hospital, Philadelphia, to Charles P. Henry, M.D. Dr. and Mrs. Henry will live in Reading.

ON April 11, in Chicago, Anna Belle Van Horn, class of 1908, Hahnemann Hospital, Chicago, to John C. Kennedy.

ON April 18, Mattie L. Rex, class of 1908, Hahnemann Hospital, Chicago, to William B. Lacy. Mr. and Mrs. Lacy will live in Portland, Oregon.

IN May, in Los Angeles, Emma McCleary, graduate of the Hahnemann Hospital, Chicago, to Charles Howe. Mr. and Mrs. Howe will spend the summer abroad and will live in Los Angeles.

ON February 28, in New York City, Roselle Frances Lynch, class of 1908, Long Island College Hospital, Brooklyn, to George P. Clap. Mr. and Mrs. Clap will live in Brooklyn.

ON May 1, in Brooklyn, Elizabeth Ursula McCarthy, class of 1899, Long Island College Hospital, to Walter John Robertson. Mr. and Mrs. Robertson will live in Brooklyn.

IN April, in Brooklyn, Saidee Cranston Wilson, class of 1904, Long Island College Hospital, to John Burrill.

IN April, Mary G. Hannon, class of 1909, Mercy Hospital, Chicago, to Rodey Swift. Mr. and Mrs. Swift will live in Chicago.

IN Rockford, Ill., Colette A. Freeman, class of 1910, Rockford Hospital, to Lloyd B. Myers. Mr. and Mrs. Myers will live in Hinsdale, Ill.

IN Rockford, Ill., Elsie Hyden, class of 1909, Rockford Hospital, to George Hart. Mr. and Mrs. Hart will live in Rockford.

ON January 3, Nellie M. Rusk, R.N., class of 1908, Philadelphia General Hospital, to Norman T. Beeman, M.D. Dr. and Mrs. Beeman will live in Magrath, Alberta, Canada.

IN April, Kathleen Gooding, class of 1908, University of Pennsylvania Hospital, to Richard Vrode, M.D.

In April, Mary Hood, class of 1912, University of Pennsylvania Hospital, to Ernest W. DeGrouchey.

On March 14, Christine Dankenbring, class of 1901, Lutheran Hospital, St. Louis, to Otto Bengston. Mr. and Mrs. Bengston will live in Page, Nebraska.

On April 24, in Collingwood, Ontario, Mae Bailey, class of 1909, Rochester General Hospital, to Regnald Bassett. Captain and Mrs. Bassett will live in Collingwood.

On April 8, in New York City, Sarah A. Frye, class of 1907, Rochester General Hospital, to John B. Bushfield. Mr. and Mrs. Bushfield will live in Rochester.

On March 2, Gertrude May Irvine, graduate of Mt. Sinai Hospital, New York, to William Alexander Hollingsworth.

At Minneapolis, Mary E. Switzer, class of 1891, Mt. Sinai Hospital, New York, to Frederick C. Nash.

[A Correction. Through difficulty in deciphering a written notice, the name of Fannie Taylor was written as Tammie Taylor in a marriage notice in the May Journal. All proper names in news items should be written very distinctly or printed.]

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#### DEATHS

On April 25, in Syracuse, N. Y., Florence L. Page, a graduate of the Women's and Children's Hospital, 1897.

Miss Page was devoted to her profession and a noble woman. The members of the Onondaga County Graduate Nurses' Association and of the Alumnae Association of the Women's and Children's Hospital feel deep sorrow and regret at her loss.

On February 1, at her home in Harrisburg, Penna., of tuberculosis, Viola Buhrman, class of 1908, Methodist Episcopal Hospital, Philadelphia.

On February 26, at Camp Hill, Harrisburg, Penna., Mrs. Josephine Cowden Hubertis, class of 1899, Protestant Episcopal Hospital, in Philadelphia. Mrs. Hubertis fell from the second story balcony of her home.

On April 4, word was received by the alumnae association of the Protestant Episcopal Hospital, in Philadelphia, of the death of one of its members, Mrs. Laura C. Ashton. Great sympathy for her children was expressed by the members.

On April 27, at the Newark City Hospital, of typhoid fever, Florence Giles Beach, class of 1911. Miss Beach had many excellent qualities, a loving disposition, and loyalty to her profession. She was loved by many friends and by those to whom she ministered.

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## BOOK REVIEWS



IN CHARGE OF  
M. E. CAMERON

**THE SCHOOL NURSE, HER DUTIES AND RESPONSIBILITIES.** By C. Lewis Leipoldt, F.R.C.S. (Eng.), Clinical Assistant, Victoria Hospital for Children; Late Clinical Assistant East London Hospital for Women and Children, Shadwell; Late Assistant Orthopaedic Department Royal Surgical Clinic, Berlin. Price 2/6 net. The Scientific Press, 28, 29 Southampton St., Strand, London, W. C.

This little book is almost too modest in its claim for attention, deprecating, as it does, its hopes of being of use. We, on this side of the Atlantic, have not produced any work on the subject of school nursing, although this branch of work has been in operation here for a number of years. Allowing for the difference in administration and laws, there is no reason why this book should not find many readers and a ready sale in America. It contains, besides a well-defined scheme of a school nurse's duties, a history of school inspection and of the rise and development of the school nurse in England.

The school nurse becomes a necessity wherever the system of medical inspection is properly organized, and in England where medical inspection was late in being established the school nurse seems to have outstripped her earlier sisters in making use of her opportunities. At least she has her own book, while in this country we only come in as a side issue in a book written on "The Medical Supervision of Schools."

Modelled on the school nurse of America, the English school nurse follows very closely the order of work which was worked out and started in America by Miss Lina Rogers, the pioneer school nurse.

**LATERAL CURVATURE OF THE SPINE AND ROUND SHOULDERS.** By R. W. Lovett, M.D., Assistant Professor of Orthopaedic Surgery, Harvard Medical School; Associate Surgeon to the Children's Hospital, Boston; Surgeon to the Infants' Hospital, Peabody home for Crippled Children, and Massachusetts Hospital School, Canton; Member of the American Orthopaedic Association; Korrespondierendes Mitglied der Deutschen Gesellschaft für Orthopädische Chirurgie; Socio Della

Societa Italiana Di Orthopedia. Price \$1.50. Second Edition. P. Blakiston's Sons, 1012 Walnut St., Philadelphia.

This book in its first edition was reviewed in these pages when it appeared about three years ago. Since that time the subject of lateral curvature or scoliosis has been extensively studied both in this country and in Germany, and Dr. Lovett claims that since the knowledge of its etiology has been so markedly increased, and so much that is new has been introduced into the treatment, the time has come for a new edition, in which much of the old matter has been rewritten and considerable new matter has been added, expressing at the same time his hope that his own added years of experience may tend to make the book more valuable to his readers.

CAMPING. By "Biddy," (known in real life as Alexandra G. Lockwine, R.N.) Published by A. G. Lockwine, R.N.

If you are tired of the usual side of the nurse's life, the horrid sights and the loathly smells, the repression of individuality, the never-ceasing discipline, and want to get clear away from yourself and your surroundings, you cannot do better than go with "Biddy" into camp, up in the Maine woods where the trammels of civilization may legitimately be cast to the four winds of heaven and you may enjoy absolute freedom all day and all night long. "Biddy" goes to camp in her official capacity of "nurse," which in this case means to prevent any possibility of there being any nursing to be done. She seems to be the very centre of things, and apparently very little goes on without her, even if her share of the adventure be only the heavy standing round like Marcelline's at the Hippodrome—like him she is always on the spot,—be it a boat race, a church service, a ball game, a clam bake, or any experience incidental to camp life Biddy is "on the job." And such an understanding Biddy! The sinuousness of the mind of an occasional small boy is so devious that he does not know himself what he wants, but she knows and so does he, after a very, very mild application of discipline in disguise. The boys find it quite impossible to mope or sulk while she is on the watch and ready to turn the sunny side of things their way. And she has such a way of making every body sociable and happy you know everybody in no time, from the Director to the dog. Even the boats seem to have a sort of personality, there are "the pets of the camp, the four-oared barges," and then, "there were the motor boats; just made for the rapid consumption of oil. Their motto was 'Maximum of oil with minimum of speed,' made out of deference to the Standard Oil Company. No man not extremely wealthy could afford to own one of them."

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Whether "Biddy" actually went on the running track on her own two feet she seems to have gone in the spirit, for she tells us about the race: "All you can think of as you run, run, run, is the beating of your heart, your breath going shorter, a sharp pain running through the calves of your legs, a nasty stitch in your side, and then the worst and hardest sound of all, the breathing of the fellow behind you. You feel without looking back that he is gaining on you at every yard." She goes on in agonies of suspense until there comes the final dash, and, "Oh, thank goodness you have broken through the line to fall happy, though exhausted, into the arms of your friends." Racing is a matter of conscience with "Biddy"—with her eye on you there is no such thing as forsaking a losing race, it's got to be run to the finish, win or lose.

Such a wise "Biddy!" Not only does she see through all the boys, but all the anxious fathers and mothers have confidence in her, feel that she understands each particular boy committed to her care, and that she will see to each one's own particular boy to the exclusion of every one's else.

Not all of us can follow "Biddy" into the woods, but we can nevertheless read her book and enjoy her experiences, and no one can lay the book down without a refreshed feeling, as if they too had been out in the green woods and beside the clear waters.

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